



CIBOLA COUNTY BOARD OF COMMISSIONERS

Robert Armijo
Chairman

Daniel Torrez
1st Vice Chairman

Jack Moleres
2nd Vice Chairman

Robert Windhorst
Commissioner

Martha Garcia
Commissioner

Regular Meeting

June 28th, 2018

5:00 p.m.

**Cibola County Commission Chambers
700 E. Roosevelt Ave., Suite 50**

1. **Call to Order**
2. **Roll Call**
3. **Pledge of Allegiance**
4. **Prayer**
5. **Approval of Agenda**
6. **Commissioner's Report**
Each Commissioner will have the opportunity to report feedback to the community regarding the district they represent.
7. **Public Comment**
The Public has the opportunity to provide comment on any subject during the public comment period. Speaker's comments will be limited to three minutes unless the Board of County Commissioners requests more information. The time limit is given in an effort to allow public input but also to move the agenda forward in a prompt yet efficient manner.
8. **Minutes**
 - a. Minutes from May 24th Regular Meeting
 - b. Minutes from June 8th Special Commission Meeting
9. **Reports**
 - a. Monthly Financial/Treasurer Activity Report
 - b. Sheriff Dept. Activity Report
 - c. Rural Addressing Activity Report
 - d. G.I.S Mapping Activity Report
 - e. Fire Marshall Activity Report
 - f. Manager's Report
10. **New Business – Action May Be Take**
 - a. Consideration for Approval of Flood Plain Permit Applications 2018-001 & 2018-0014
 - b. Consideration of Resolution 18-37 FY18 Budget Adjustment # 7

- c. Consideration of Northwest New Mexico Solid Waste Authority Yearly Contract with Cibola County
- d. Consideration of Resolution 18-38 Appointing Ronnie Pynes County Delegate in Exploring Location of Refinery in Cibola County
- e. Consideration to approve Consultation Contract Between Cibola County and International Business Connection Ltd. Co. Regarding Petroleum Refinery Development and Associated Projects
- f. Consideration of Resolution 18-39 Local Government Road Cooperative Agreement Project #SB-7606(198)19
- g. Consideration of Resolution 18-40 Local Government Road Cooperative Agreement Project # SP-6-19(202)
- h. Consideration of Resolution 18-41 Local Government Road Cooperative Agreement Project # CAP-6-19(196)
- i. Consideration to Approve the Enhanced 911 Act Grant Agreement for Dispatch
- j. Consideration for Approval of EMS Fund Act Application for Superior Ambulance
- k. Consideration for Approval of Professional Service Agreement with Superior Ambulance Service
- l. Consideration of Approval of a Cooperative Procurement Agreement with Milan for the procurement of an ambulance service.

11. Audit Workshop

County Manager-Kate Fletcher to Present

12. Executive Session

Pursuant to Section 10-15-1 (H) (2) & (7) the following matter may be discussed in closed session:

- Motion and roll call vote to go into executive session and that, pursuant to New Mexico State Statute Section 10-15-1, only the following matters will be discussed in closed session:

Pending & Threatened Litigation Pursuant to Section 10-15-1 (H) (2) (5) (7) & (8) the following matter may be discussed in closed session:

- a.) Cibola County v. Sunnyland
- b.) Cibola County v. US (PILT)

14. New Business – Action May Be Take

- a.) Consideration of Cibola County V. Sunnyland
- b.) Direction to Staff Regarding Cibola County v. US (PILT)

15. Announcements

The next Regular Commission Meeting will be held on Thursday, July 26th, 2018 at 5:00p.m. in the Cibola County Commission Chambers.

Cibola County Offices will be closed on Wednesday, July 4th, in Observance of Independence Day.

16. Adjournment

If you are an individual with a disability who is in need of a reader, amplifier, qualified sign language interpreter, or any other form of auxiliary aid or service to attend or participate in the hearing or meeting please contact the Cibola County Administration Building, 700 East Roosevelt Ave., Suite 50, Grants, NM 87020, phone (505) 287-9431 at least one (1) week prior to the meeting or as soon as possible. Public document including the agenda and minutes, can be provided in various accessible formats. Please contact the Cibola County Administration if a summary or other type of accessible format is needed.

MINUTES

8a.

Cibola County Commission
Regular Meeting
Thursday May 24th, 2018

The Cibola County Commission held a Regular Meeting on Thursday May 24th, 2018 at 5:00 pm in the Cibola County Commission Center

Elected Officials Present Staff

Robert Armijo, Chairman
Daniel Torrez, 1st Vice Chairman
Jack Molerres, 2nd Vice Chairman
Martha Garcia, Commissioner
Robert Windhorst, Commissioner

Kate Fletcher, County Manager
Michelle Dominguez, County Clerk
Natalie Grine, Chief Deputy Clerk

A. CALL TO ORDER

Chairman Armijo, called the meeting to Order at 5:00 pm.

B. ROLL CALL

Chairman Armijo does roll call-5-5 Commissioners in attendance.

C. Pledge of Allegiance Recited by all.

D. Prayer Commissioner Molerres led us in prayer.

E. Approval of Agenda

Motion to approve the agenda made by Commissioner Windhorst, second by Commissioner Torrez 5-0 affirmative.

F. Approval of Minute

April 26th, 2018 Regular Meeting
April 30th, 2018 Special Meeting

Commissioner Windhorst made a motion to approve the minutes for the Regular Meeting meet of April 26th, 2018 and the Special Meeting of April 30th, 2018 second by Commissioner Torrez 5-0 affirmative.

G. Commissioners Report

Commissioner Armijo stated that Seboyeta is still working on the transfer station. No other comments were made.

Commissioner Windhorst stated that he was in Bluewater Village cleaning up the cemetery, he also mentioned that he will be in Cubero on June 2nd to pick up garbage, and in Bluewater Acres in the middle of June to pick up garbage there. Commissioner Windhorst and Les Gaines attended a meeting in Santa Fe to support Mt Taylor Mine, this would boost the economic development in our county. Commissioner Windhorst also stated that NWNM Solid Waste waived the fee for trash pickup in the county for 6 months the estimated cost was about \$60,000 in savings, it turned out to be \$84,000 to \$85,000 in savings. Commissioner Windhorst thanked Billy Moore and his employees for this contribution to the Cibola Citizens.

Commissioner Garcia stated that she attended a meeting in Albuquerque at the SW Indian Poly Tech for the reorganization of the Deputy of Interior which provide services for Fish and Wildlife, Bureau of Land Management, they are thinking of cutting certain regions around the state from 23 to about 13 regions, it will also impact Bureau of Indian Affairs which will affect the Navajo nation. Commissioner Garcia state that she was in Washington D.C. for the program she works for, they presented the FY 2019 budget for federal programs, and several programs will be cut which will impact Cibola County, for instance the PILT Program and also the School Route Program. Commissioner Garcia also mentioned that early voting is going on right now and she has seen man people going into vote, the VRC representative for Ramah has been on the radio announcing the election on who is running and the times they could go vote, in Navajo and in English. Commissioner Garcia thanked the Clerk's office.

Commissioner Moleres stated that he attended the Grants High School Graduation Ceremony, 135 students graduated. Commissioner Moleres was very pleased with the Valedictorian and Salutatorian, the speeches they gave were very uplifting, and he also mentioned that these children are our future.

Commissioner Torrez mentioned that they have almost completed the road in San Rafael, Commissioner Torrez also mentioned to the commissioners that there is an elderly woman in need of help, and asked to see what could be done to help her out with her current situation.

H. Public Comment

Jessie Gomez stated that there is still a problem with the dogs next door to him, he was awoken at 2:41 in the morning from the barking, and the dogs barked all night long. Mr. Gomez stated that something needs to be done.

I. Presentations

No presentations at this time.

J. Reports

a. Monthly Treasures Report

Kathy Gonzales gave a brief report on daily balances.
Report on file.

b. Procurement Activity Report- Wendy Self

Wendy explained that a procurement agent is responsible for making sure any purchases going on in the county are being done correctly and by the law, she also makes sure we do not over spend, and that we have enough money in our budgets to purchase these items.

c. Human Resources Activity Report- Debi Gomez

Debi gave a brief statement on all job duties she performs, HR, payroll, and accounts payable are some of the duties she has taken on.

d. Managers' Report

Manager Kate Fletcher mentioned that she has been very busy and has had a really good productive month. Thank you commissioner for mentioning the PILT Program and SRS. The SRS is Federally funded for county roads and in the past we have only received \$22,000 which is not very much, I called some of my constituents in Washington D.C. to look over the formula they use to see how much money is to be given to these entities to use on dirt road projects, and this year the county will receive \$453,000, which is a great for the general fund. We are hoping that the Road Department will have their own budget. Pilt that is the general fund and that is a big thing. This year we will be getting in the next two years roughly around \$1.6 million, and about every two years were back at the table at the legislation and treating to get rid of the monies. Manager Fletcher also mentioned that she is working hard on the budget and she will be submitting the preliminary budget on May 31st. Also two months ago we had to stop the out of control spending, with the help of DFA and Michael Steiniger, and all the Departments we have not over spent. We also had two RFP for Auditors, which as soon as our audit is released we can award one of those RFP.

K. Public Hearing for Comment Only

No Public Hearing at this time.

L. New Business-Action May Be Taken

a. Consideration of Resolution 18-33 2017-2018 Quarter Ending Financial Report Quarter Ending 033118

Motion approve Resolution 18-33 2017-2018 Quarter Ending Financial Report made by Commissioner Torrez, second by Commissioner Windhorst 5-0 affirmative.

b. Consideration of Resolution 18-34 FY18 Budget Amendment No. 6

Motion to approve Resolution 18-34 FY18 Budget Amendment No. 6 made by Commissioner Torrez, second by Commissioner Windhorst 5-0 affirmative.

- c. **Consideration of Vector Control-/Roadrunner Public Health, Inc. Contract**
Motion to approve Vector Control/ Roadrunner Public Health, Inc. Contract made by Commissioner Moleres, second by Commissioner Windhorst, 5-0 affirmative.

- d. **Consideration for Approval of Quote for Pest Control, Invoice for San Juan County Juvenile Detention Center, Requisition for PDS-Laser fiche Upgrade Services and Quote for 2 Compressors at Magistrate Building.**
Motion to approve Quote for Pest Control, Invoice for San Juan Juvenile Detention Center, and Quote for 2 Compressors for Magistrate Court, and PDS-Laser fiche was differed, made by Commissioner Moleres, second by Commissioner Torrez all Commissioners agree 5-0 affirmative.

- e. **Consideration for Approval of Sole Source RFP for Innocorp, ITD for DWI Department**
Motion to approve Sole Source RFP for Innocorp, ITD for DWI Department made by Commissioner Torrez, second by Commissioner Windhorst all Commissioners agree 5-0 affirmative.

- f. **Consideration of Resolution 18-35 Appointment of Members to the Cibola County DWI Advisory Board**
Motion to approve DWI Advisory Board Members Listed with the addition of Commissioner Daniel Torrez to the Board made by Commissioner Garcia, second by Commissioner Windhorst all Commissioners agree 5-0 affirmative.

- g. **Consideration of Resolution 18-36 In Support of the Construction and Operation of a Petroleum Refinery in the Village of Milan, City of Grants, and Throughout Cibola County**
Motion to approve Resolution 18-36 in Support of Construction and Operation of a Petroleum Refinery, was made by Commissioner Torrez, second by Commissioner Moleres, all Commissioners agree 5-0 affirmative

h. **Consideration to Direct Staff to Submit an RFP for New Ambulance Service**

Motion to Direct Cibola County Manager to Submit an RFP for New Ambulance Service was made by Commissioner Windhorst, second by Commissioner Torrez all commissioners agree 5-0 affirmative.

M. Executive Closed Session

Motion and roll call vote to go into Executive Session and that , pursuant to New Mexico State Statute Section§10-15-1 (H) (2) & (7) and only the following matters will be discussed in closed session made by Commissioner Torrez, second by Commissioner Garcia 5-0 affirmative at 7:06 p.m.

Pending & Threatened Litigation Pursuant to Section 10-15-1 (H) (2) & (7) the following matter may be discussed in closed session:

- a. Cibola County v. Prisoner Transport

Motion and roll call vote to return to Regular Session and that matters discussed in Closed Session were limited to those specified in motion for closure, and that no final action was taken, as per NM Statute's Section §10-15-1(H) (2) & (7) was made by Commissioner Garcia, second by Commissioner Torrez all commissioners agree 5- 0 affirmative at 7:26 p.m.

N. New Business- Action May Be Taken

- a. Consideration of Cibola County v. Prisoner Transport
Motion made by Commissioner Moleres to have Legal Counsel negotiate Prisoner Transport, second by Commissioner Garcia all Commissioners agree 5-0 affirmative.

P. Announcements

The next Regular Commission Meeting will be held on Thursday, June 28th, 2018 at 5:00 p.m. immediately following the Board of Finance Meeting in the Cibola County Commission Chambers. A Special Meeting will be held on Friday June 8th, 2018 at 2:00 p.m. in the Cibola County Commission Chambers.

Q. Adjournment

Motion to adjourn made by Commissioner Windhorst, second by Commissioner Torrez 5-0 7:32 P.M.

PASSED, APPROVED, and ADOPTED this 28th day of June 2018

BOARD OF COUNTY COMMISSIONERS

Robert Armijo, Chairman

Daniel Torrez, 1st Vice Chairman

Jack Moleres, 2nd Vice Chairman

Martha Garcia, Commissioner

Robert Windhorst, Commissioner

ATTEST:

Michelle E. Dominguez, Cibola County Clerk

Date: _____

SEAL

MINUTES

8b.

Cibola County Commission
Special Meeting
June 8th, 2018

The Cibola County Commission held a Special Meeting on Friday June, 8th, 2018 at 4:00 pm in the Cibola County Commission Room

I) Commission Convenes

A. CALL TO ORDER

Commissioners 1st Vice Chair Daniel Torrez called the meeting to Order at **4:02 pm**.

B. ROLL CALL

Commissioner Chairman Torrez does roll call- 3-5 Commissioners in attendance
Chairman Armijo, and Commissioner Moleres were absent

C. Pledge of Allegiance

Led by Manager Kate Fletcher, recited by all

D. Prayer

Led by Commissioner Windhorst

E. Approval of Agenda

Commissioner Garcia made a motion to approve the agenda with deferring items d and e until the next County Meeting, second by Commissioner Windhorst, 3-0 affirmative.

Elected Officials Present Staff

Daniel Torrez 1st Vice Chair
Martha Garcia, Commissioner
Robert Windhorst, Commissioner

Kate Fletcher, County Manager
Michelle Dominguez, County Clerk
Natalie Grine, Chief Deputy Clerk

II. Public Hearing

- a. Emergency Ordinance 2018-02 Proclamation Limiting Open Burning and Restricting the Sale and Use of Fireworks in the Un-Incorporated Areas of Cibola County

Judith Andreica stated that she approves the limiting of Open Burning and Restricting the use of Fireworks Ordinance, The County is just to dry. When and if it starts to rain then maybe it could be lifted but for now she is in support of the ordinance.

III. New Business – Action May Be Taken

- a.) Consideration of Approval to Canvas Primary Election Votes
Motion to approve Canvas of Primary Election Votes made by Commissioner Garcia, second by Commissioner Windhorst 3-0 affirmative.
County Clerk Michelle Dominguez gave a break down on all provisional ballots, there were 23 rejected due to Decline to State status, and 5 were not registered.

- b.) Consideration to Approve Emergency Ordinance 2018-02 Proclamation Limiting Open Burning and Restricting the Sale and the Use of Fireworks in the Un-Incorporated Areas of Cibola County
Motion made by Commissioner Windhorst to approve the Emergency Ordinance 2018-02 Proclamation Limiting Open Burning and Restricting the Sale and the Use of Fireworks in the Un-Incorporated Areas of Cibola County, second by Commissioner Garcia 3-0 affirmative

- c.) Consideration for approval of RFP for FY18 Audit Firm
Motion to approve RFP for FY18 Audit Firm made by Commissioner Garcia, second by Commissioner Windhorst 3-0 affirmative.

IV. Budget Workshop

Manager Kate Fletcher gave an update on this year's final Audit surprisingly the county is going to be ok if over spending and helping other originations are kept to minimum it's going to be tight but we can manage with everybody's help Manager Fletcher mentioned that the Audit will be turned in on time by the end of July. Manager Fletcher also showed a break down on all line items in this year's budget.

III. Announcements

The next Regular Commission Meeting will be held tonight Thursday, June 28th, 2018 at 5:00p.m.

IV. Adjournment Meeting

Meeting adjourned at 5:09 p.m.

PASSED, APPROVED, and ADOPTED this 28th day of June 2018

BOARD OF COUNTY COMMISSIONERS

Robert Armijo, Chairman

Daniel Torrez, 1st Vice Chairman

Jack Moleres, 2nd Vice Chairman

Martha Garcia, Commissioner

Robert Windhorst, Commissioner

ATTEST:

Michelle E. Dominguez, Cibola County Clerk

Date: _____

SEAL

REPORTS

9a.

DISTRIBUTION FOR - MAY 2018

PREPARED BY: Dolores Vallejos

	TOTALS		TOTALS		OK AMOUNT
	CURRENT	DELINQUENT	1%	TOTALS	
STATE -					83,807.72
Debt Service	79,343.00	1,952.17	812.95	81,295.17	
Cattle	2,522.30	807.41	33.29	3,329.71	
Horse	14.98	14.41	0.29	29.37	
Sheep					
Buffalo					
COUNTY -					638,332.57
Operational	628,229.82	14,530.35	6,427.80	642,760.17	
Debt Service					
SCHOOLS -					743,744.23
Operational	26,215.46	612.63	268.28	26,828.09	
Debt Service	520,174.76	12,392.65	5,325.57	532,557.41	
Debt Tech Service	64,661.01	1,383.40	660.44	66,044.41	
Capital Improv.	115,466.10	2,848.22	1,183.14	118,314.32	
COLLEGE -					153,211.56
Operational	52,554.23	1,215.97	537.70	53,770.20	
Debt Service	98,146.17	1,295.19	994.41	99,441.36	
CITY OF GRANTS -					89,465.03
Operational	87,372.94	2,092.09	894.65	89,465.03	
Debt Service					
Judgment					
VILLAGE OF MILAN -					19,679.74
Operational	\$ 19,098.20	573.34	196.71	19,671.54	
Debt Service		8.20	0.08	8.20	
QUEMADO SCHOOL DIST. -					2,880.01
Operational	285.22		2.85	285.22	
Debt Service	1,380.00		13.80	1,380.00	
Capital Improv.	1,214.79		12.14	1,214.79	
Cibola General Hospital					253,036.52
	247,015.22	6,021.30	2,530.36	253,036.52	
TOTALS	1,943,694.18	45,737.33		1,989,431.51	1,982,157.38
		FLOOD	180.69		
		LAVA	135.36		
		TOTAL	20,210.31		

FLOOD -

CURRENT 17,833.11
DELINQUENT \$ 236.01

TOTAL \$ 18,069.12
1% 180.69
TOTAL \$ 17,888.43

LAVA -

CURRENT \$ 13,153.11
DELINQUENT \$ 383.30

TOTAL \$ 13,536.41
1% \$ 135.36
TOTAL \$ 13,401.05

NM State Penalty & Int. \$ 3,144.13
County Penalty & Int. \$ 17,370.39
TOTAL \$ 20,514.52

Rendition Fee \$ 1,230.00
County Admin. Fee \$ 101.28
1% Reappraisal Fee \$ 7,274.13

TOTAL COUNTY PORTION \$662,308.37

TOTAL NM STATE P & I 3,144.13
TOTAL COUNTY P & I 17,370.39
TOTAL CURRENT TAXES 1,974,680.40
TOTAL DELINQUENT TAXES 46,356.64
TOTAL 2,041,551.56

DISTRIBUTION FOR THE MONTH OF MAY - 2018

DATE	2017	2016	2015	2014	2013	2012	2011	2010	2009	2008	P&I	ADMIN	BATMEN	ENDITIO	P/P	STATE COS	O/S	OVERPMT	TOTAL
05/01/18	\$ 43,653.99	424.15	431.77	237.51							498.80			1.84			2.11	53.81	\$ 45,303.98
05/02/18	\$ 12,036.60	558.81	427.88								542.56						0.01	101.46	\$ 13,667.32
05/03/18	\$ 27,416.11	119.30	121.01	8.05		164.29					252.26	1.76		48.61	48.41		0.04	423.16	\$ 28,601.00
05/04/18	\$ 146,144.30	2,050.09	1,607.65	521.25	201.82	88.42	64.04	99.34	64.81	118.96	1,502.06	1.04		0.24		425.00	0.12		\$ 152,989.14
05/05/18	\$ 63.10																		\$ 63.19
05/06/18	\$ 579.69																		\$ 579.69
05/07/18	\$ 86,484.64	323.92	777.95	579.20	461.70						1,169.54							522.90	\$ 90,319.85
05/08/18	\$ 219,461.14	354.58	777.75	141.86	43.86	37.26	39.84	41.28	44.33		1,033.65			406.14	240.78	25.00	0.02	29.54	\$ 222,677.11
05/09/18	\$ 51,399.57	241.65	1,430.21	199.80	1.62	1.62	1.61				1,114.85	16.93		7.72		250.00	0.64		\$ 54,666.22
05/10/18	\$ 84,785.57	478.65	217.82								1,003.24	12.37		10.04			0.66		\$ 86,508.35
05/11/18	\$ 104,801.25	1,183.43	149.66	49.10							604.32				207.04		0.03	31.22	\$ 107,026.05
05/12/18	\$ 476.97										37.79								\$ 514.76
05/13/18	\$ 76.94										12.69								\$ 89.63
05/14/18	\$ 664,465.81	1,012.96	50.37	50.95	48.34	43.06	45.45	41.71	142.34		2,950.23	23.42			1,161.48	125.00	3.17		\$ 670,164.29
05/15/18	\$ 55,973.69	259.22	742.15								371.09				281.09		0.01	322.55	\$ 57,949.80
05/16/18	\$ 36,883.46	4,412.14	321.99	17.29							1,974.19				29.13				\$ 43,638.20
05/17/18	\$ 313,696.60	1,155.97	1,572.62		42.22						817.84				620.20			1,711.21	\$ 319,616.66
05/18/18	\$ 66,306.51	73.40	138.76	90.51							396.66				328.34		0.92		\$ 67,348.08
05/20/18	\$ 155.80										25.46								\$ 181.26
05/21/18	\$ 9,340.19	87.65	145.61	345.51		104.23					832.45					125.00			\$ 10,980.64
05/22/18	\$ 2,783.38	110.20	97.09	98.25							251.20					125.00	16.17		\$ 3,491.29
05/23/18	\$ 6,772.98	584.74	212.57	100.00							180.37	0.05			1,277.24				\$ 9,127.93
05/24/18	\$ 30,428.53	192.08	284.11	90.64							338.53				656.62				\$ 31,990.51
05/25/18	\$ 2,925.11	1,127.71	9,759.46	1,659.75	2,094.19	935.22					2,924.71	35.71		72.87					\$ 21,534.73
05/27/18	\$ 163.74										25.05								\$ 188.79
05/28/18	\$ 545.13										10.92								\$ 556.05
05/29/18	\$ 2,594.63	165.19	296.67	43.84			17.39		22.37	25.57	420.54				18.12	155.00		231.92	\$ 3,991.24
05/30/18	\$ 810.46	3.14	102.48	6.47	6.39						135.89	3.66							\$ 1,068.49
05/31/18	\$ 3,444.44	388.83	1,997.82	102.36							987.63	6.34		0.08	96.85				\$ 7,024.35
TOTAL	197,4680.40	\$ 16,307.81	\$ 21,663.40	\$ 4,342.34	\$ 2,500.14	\$ 1,374.10	\$ 168.43	\$ 182.31	\$ 273.85	\$ 144.53	\$ 20,514.52	\$ 101.28	\$ -	\$ 558.52	\$ 4,966.30	\$ 1,230.00	\$ 23.30	\$ 3,427.77	\$ 2,051,858.50

TAXES	CARDS	\$ 2,021,037.31
	COMP	2,021,037.31
	TOTAL	\$ (0.00)

TAX TOTAL	\$ 2,021,037.31
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P&I	CARDS	\$ 20,514.52
	COMP	20,514.52
	TOTAL	\$ -

ADMIN	CARDS	\$ 101.28
	COMP	101.28
	TOTAL	\$ -

TAX COLLECTON ON LOCAL AND CENTRALLY ASSESSED PROPERTY IN CIBOLA COUNTY
(as of May-2018)

TAX YEAR	NET TAXES CHARGED TO TREASURER	TAXES COLLECTED TO DATE	TAXES UNCOLLECTED TO DATE	PERCENTAGE COLLECTED	TAXES ADJUSTED TO DATE
2017	\$ 11,242,396.05	\$ 9,916,240.88	\$ 1,223,290.84	89%	\$ (102,864.33)
2016	\$ 10,873,872.90	\$ 10,122,876.15	\$ 596,163.10	94%	\$ (154,833.65)
2015	\$ 10,269,911.58	\$ 9,998,814.08	\$ 321,280.93	97%	\$ 50,183.92
2014	\$ 10,668,261.16	\$ 9,921,590.31	\$ 243,487.49	98%	\$ (503,183.36)
2013	\$ 10,103,538.55	\$ 9,516,933.52	\$ 168,821.61	98%	\$ (417,783.42)
2012	\$ 9,166,233.45	\$ 8,838,446.90	\$ 149,055.59	98%	\$ (178,730.96)
2011	\$ 9,553,460.83	\$ 9,175,544.50	\$ 178,275.46	98%	\$ (199,640.87)
2010	\$ 9,117,162.73	\$ 8,651,547.69	\$ 120,171.22	99%	\$ (345,443.82)
2009	\$ 9,370,416.62	\$ 9,048,629.44	\$ 137,535.84	99%	\$ (184,251.34)
2008	\$ 8,293,448.08	\$ 8,054,755.56	\$ 112,710.24	99%	\$ (125,982.28)
		\$ 93,245,379.03	\$ 3,250,792.32		

PREPARED Dolores Vallejos

APPROVED Kathy Gonzales

DATE: June 12, 2018

***NOTE: TAXES ADJUSTED TO DATE PERTAIN TO NOTICE OF
CORRECTIONS FROM THE CIBOLA COUNTY ASSESSORS OFFICE IN
REGARDS TO, ADDITIONS, TAX ADJUSTMENTS AND DELETIONS.

CIBOLA COUNTY
Investment Ledger
May-18

Investment type	Investment description	Statement date	Opening Date	Maturity Date	Annual Percentage Yield	Book Value	Original cost (basis)	Current Asset Value	Recognized Gain (Loss)	2018 Interest earned
Wells Fargo Bank	Money Market - 1AB34323	5/31/18	6/24/08		0.28%	\$2,013,631.52	\$2,013,631.52	\$311,076.13	(\$1,702,555.39)	\$ 5,838.83
	ICE/US Marshalls-5664508263	5/31/18	12/21/17		0.15%	144,586.49	\$144,586.49	144,586.49	0.00	\$ -
	Public Checking Treasurers Acct-6297330885	5/31/18	10/1/15			2,247,465.65	\$2,247,465.65	2,247,465.65	0.00	\$ -
	Public Checking Operating Acct-2374151609	5/31/18				3,752,653.42	\$3,752,653.42	3,752,653.42	0.00	\$ -
	Treasury Bonds-912796JP5/912828Q94	5/31/18	4/27/16	CLOSED		0.00	\$0.00	0.00	0.00	\$ 1,027.50
US BANK	US Bank Money Market - 156401015268	5/31/18	10/31/11	CLOSED	0.20%	0.00	\$0.00	0.00	0.00	\$ -
	CD-355957562455 (Renews every 7 mon.)	5/31/18	2/12/14	2/14/19	0.05%	154,039.02	\$154,039.02	154,045.35	6.33	\$ 38.40
	CD - 3557562026 (Renews annually)	5/31/18	10/12/13	10/12/18	0.25%	170,223.10	\$170,223.10	170,258.08	34.98	\$ 212.13
	CDARS-1020694358	5/31/18	10/19/17	11/23/18	1.82%	2,702,234.89	\$2,702,234.89	2,702,234.89	0.00	\$ 7,172.95
							\$0.00		0.00	
BANK OF NEW MEXICO	Money Market -401609	5/31/18	1/23/08	CLOSED	0.20%	0.00	\$0.00	0.00	0.00	\$ 416.01
	CD - 10023580 (24 month CD)	5/31/18	1/8/16	1/8/19	0.50%	533,273.25	\$533,273.25	533,273.25	0.00	\$ -
	CDBG-2543	5/31/18				1.00	\$1.00	1.00	0.00	
	CD-10023961	5/31/18	5/24/16	5/24/20		251,250.00	\$251,250.00	252,506.25	1,256.25	\$ 1,256.25
	CD-10023962	5/31/18	5/24/16	5/24/19		215,247.87	\$215,247.87	215,247.87	0.00	
LGIP (POOL)	Business Checking-CCDC-6190	5/31/18				7,616.96	\$7,616.96	7,616.96	0.00	
	New Mexico State - 41 01	5/31/18	5/27/16		1.70%	\$761,350.56	\$761,350.56	\$762,353.89	\$1,003.33	\$ 3,208.28
	Local Government Investment Pool						\$0.00		0.00	
	Local Government Investment Pool-4102	5/31/18				0.01	\$0.00	0.01	0.01	
							\$0.00		0.00	
Other							\$0.00		0.00	
							\$0.00		0.00	
							\$0.00		0.00	
							\$0.00		0.00	
							\$0.00		0.00	
								2016	YEAR TO DATE	\$ 19,170.35

Wells Fargo Account 1AB34323
\$790,000.00 moved to US CDARS and \$914,000.00 for Bond Payment

Investment summary		Total current value	Total recognized gain/loss
Classification			(\$1,702,555.39)
Wells Fargo Bank	\$6,455,781.69		41.31
US BANK	3,026,538.32		1,256.25
BANK OF NM	1,008,645.33		1,003.34
LGIP (POOL)	762,353.90		0.00
Other	0.00		0.00
Total	\$11,253,319.24		(\$1,700,254.49)

REPORTS

9b.



Cibola County Sheriff's Office

Sheriff Tony Mace

Office: 505-876-2040
Dispatch: 505-287-9476
Fax: 505-876-2090

Undersheriff P. Michael Munk
tymace@yahoo.com
mmunk@co.cibola.nm.us

Physical: 114 McBride Road
Grants, NM 87020
Mailing: 515 W. High St.
Grants, NM 87020

The following are statistics for the Cibola County Sheriff's Department for MAY 1, 2018 through MAY 31, 2018.

		PREVIOUS YR MAY 2017
Accidents	5	13
Arrests	34	61
Transports	17	37
Warrant Transports	7	28
Calls	1,165	687
Citations/Warnings	75	40
Civil Papers Received	38	65
Incidents	32	57

Please note the above information will change as deputies do all above duties as it occurs.

Cibola County Sheriff's Office

114 McBride Rd, Grants, NM 87020

Accident List

05/01/2018 to 05/31/2018

Accident Complaint No.	Date/Time	No. Vehicles Involved	No. Injured	No. Fatalities	Reporting Officer ID / Name	Offense Complaint No.	Investigating Dept.
30141252	05/06/2018 1328	2	2	0	111 - Dep. T. Archuleta	18-0425	
30141253	05/22/2018 1230	2	1	0	107 - Dep. R. Veloz	18-0460	
30141260	05/28/2018 1345	3	0	0	114 - Dep. A. Kemp	18-0480	
30141256	05/29/2018 1112	1	2	0	107 - Dep. R. Veloz	18-0481	
30141257	05/31/2018 1349	1	0	0	115 - Dep. A. Roane	18-0483	

Total Accidents : 5

Cibola County Sheriff's Office

Arrests - by Officer

Arrest Date: 05/01/2018 - 05/31/2018

Officer	Arrests	SEX			RACE					ETHNIC	
		Male	Female	UNK	White	Black	Indian	Asian	UNK	Hispanic	NonHisp
B. Gardner	2	1	1	0	0	1	1	0	0	0	1
Dep. A. Kemp	2	2	0	0	1	0	0	0	0	2	0
Dep. A. Roane	7	6	1	0	1	0	1	0	2	3	2
Dep. J. McCowen	2	2	0	0	2	0	0	0	0	0	1
Dep. R. Veloz	4	2	2	0	1	0	0	0	0	2	1
Dep. T. Archuleta	4	2	2	0	3	0	0	0	1	3	1
Det. S. Chavez	1	1	0	0	1	0	0	0	0	1	0
J. CASTANEDA	6	4	2	0	2	1	3	0	0	2	1
K. Ward	5	4	1	0	3	0	2	0	0	1	4
N. WADFORD	1	1	0	0	1	0	0	0	0	1	0

TOTAL	34	25	9	0	15	2	7	0	3	15	11
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Cibola County Sheriff's Office
Arrests - by Officer for TRANSPORT
 Arrest Date: 05/01/2018 - 05/31/2018

Officer	Arrests	SEX			RACE					ETHNIC	
		Male	Female	UNK	White	Black	Indian	Asian	UNK	Hispanic	NonHisp
B. Gardner	2	1	1	0	0	1	1	0	0	0	1
Dep. A. Kemp	1	1	0	0	0	0	0	0	0	1	0
Dep. A. Roane	0	0	0	0	0	0	0	0	0	0	0
Dep. J. McCowen	1	1	0	0	1	0	0	0	0	0	0
Dep. R. Veloz	0	0	0	0	0	0	0	0	0	0	0
Dep. T. Archuleta	1	1	0	0	1	0	0	0	0	0	1
Det. S. Chavez	1	1	0	0	1	0	0	0	0	1	0
J. CASTANEDA	5	4	1	0	2	1	2	0	0	2	0
K. Ward	5	4	1	0	3	0	2	0	0	1	4
N. WADFORD	1	1	0	0	1	0	0	0	0	1	0

TOTAL	17	14	3	0	9	2	5	0	0	6	6
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Cibola County Sheriff's Office

Arrests - by Officer For WARRANTS

Arrest Date: 05/01/2018 - 05/31/2018

Officer	Arrests	<u>SEX</u>			<u>RACE</u>					<u>ETHNIC</u>	
		Male	Female	UNK	White	Black	Indian	Asian	UNK	Hispanic	NonHisp
B. Gardner	0	0	0	0	0	0	0	0	0	0	0
Dep. A. Kemp	1	1	0	0	1	0	0	0	0	1	0
Dep. A. Roane	1	1	0	0	0	0	0	0	0	1	0
Dep. J. McCowen	1	1	0	0	1	0	0	0	0	0	1
Dep. R. Veloz	2	2	0	0	1	0	0	0	0	1	1
Dep. T. Archuleta	2	0	2	0	2	0	0	0	0	2	0
Det. S. Chavez	0	0	0	0	0	0	0	0	0	0	0
J. CASTANEDA	0	0	0	0	0	0	0	0	0	0	0
K. Ward	0	0	0	0	0	0	0	0	0	0	0
N. WADFORD	0	0	0	0	0	0	0	0	0	0	0

TOTAL	7	5	2	0	5	0	0	0	0	5	2
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Cibola County Sheriff's Office
DISPATCH ARRIVED BY DSN AND DATE RANGE
05/01/2018 00:00 through 05/31/2018 00:00

DSN	User	# of Times Arrived on Call
127	B. Gardner	9
114	Dep. A. Kemp	105
115	Dep. A. Roane	138
108	Dep. J. McCowen	147
117	Dep. M. Monte	3
107	Dep. R. Veloz	127
111	Dep. T. Archuleta	115
131	E. Sanchez	66
112	J. Hocker	3
118	J. CASTANEDA	41
119	K. Ward	131
104	N. WADFORD	51
130	P. Lucero	126
105	Sgt. D. Chavez	92
101	Sheriff T. Mace	5
102	Undersheriff M. Munk	6

1165

Citations By
Deputy

104 - 2

105 - 14

107 - 11

108 - 11

111 - 2

114 - 24

115 - 9

119 - 2

75

Cibola County Sheriff's Office

114 McBride Rd, Grants, NM 87020

Offense Summary Report

From 05/01/2018 to 05/31/2018

Case No.	Date	Complainant	Status	Method Received
18-0477	05/24/2018			
18-0490	05/31/2018			
Total	2			
<u>ANIMAL BITE REPORTS</u>				
18-0457	05/16/2018		INFO REPORT ONLY	
18-0457	05/16/2018		INFO REPORT ONLY	
Total	1			
<u>BATTERY SIMPLE</u>				
18-0416	05/01/2018		SUMMONS FILED	DISPATCHER
18-0443	05/13/2018		ACTIVE/PE NDING	DISPATCHER
Total	2			
<u>BRINGING CONTRABAND</u>				
18-0469	05/22/2018		SUMMONS FILED	DISPATCHER
Total	1			
<u>CRASH REPORT</u>				
18-0425	05/03/2018		INFO REPORT ONLY	DISPATCHER
18-0460	05/19/2018		INFO REPORT ONLY	DISPATCHER
18-0480	05/28/2018		INFO REPORT ONLY	DISPATCHER
18-0481	05/28/2018		INFO REPORT ONLY	DISPATCHER
18-0483	05/30/2018		INFO REPORT ONLY	ON VIEW
Total	5			
<u>DRUGS POSSESSION</u>				
18-0432	05/08/2018		CBA	DISPATCHER
18-0439	05/12/2018		SUMMONS FILED	ON VIEW

Cibola County Sheriff's Office

114 McBride Rd, Grants, NM 87020

Offense Summary Report

From 05/01/2018 to 05/31/2018

Case No.	Date	Complainant	Status	Method Received
18-0441	05/13/2018		INFO REPORT ONLY	ON VIEW
18-0465	05/21/2018		JUV CLEARED	OTHER
18-0465	05/21/2018		JUV CLEARED	OTHER
Total	4			
<u>FRAUD</u>				
18-0428	05/07/2018		CLOSED	DISPATCHER
18-0444	05/15/2018		INFO REPORT ONLY	DISPATCHER
Total	2			
<u>INFORMATION</u>				
18-0473	05/24/2018			
Total	1			
<u>LARCENY</u>				
18-0476	05/24/2018		INFO REPORT ONLY	OTHER
Total	1			
<u>RECEIVING STOLEN</u>				
18-0415	05/01/2018		ACTIVE/PE NDING	
Total	1			
<u>SUICIDE ATTEMPT OR</u>				
18-0482	05/29/2018		CLOSED	DISPATCHER
Total	1			
<u>WARRANT - DISTRICT</u>				
18-0417	05/01/2018		CBA	DISPATCHER
18-0445	05/15/2018		INFO REPORT ONLY	OTHER
18-0455	05/16/2018		CBA	DISPATCHER
18-0456	05/16/2018		CBA	DISPATCHER
Total	4			
<u>WARRANT - MAGISTRATE</u>				
18-0427	05/05/2018		CBA	DISPATCHER
18-0442	05/13/2018		CBA	DISPATCHER

Cibola County Sheriff's Office

114 McBride Rd, Grants, NM 87020

Offense Summary Report

From 05/01/2018 to 05/31/2018

Case No.	Date	Complainant	Status	Method Received
18-0459	05/19/2018		CBA	DISPATCHER
18-0461	05/20/2018		CBA	ON VIEW

Total 4

WARRANT - MUNICIPAL

18-0446	05/15/2018		CBA	OTHER
18-0484	05/30/2018		CBA	DISPATCHER

Total 2

WARRANT - TRANSPORT

18-0431	05/08/2018		CBA	COURT ORDER
18-0433	05/09/2018		CBA	OTHER
18-0434	05/09/2018		CBA	OTHER
18-0447	05/16/2018		CBA	COURT ORDER
18-0448	05/16/2018		CBA	COURT ORDER
18-0449	05/16/2018		CBA	COURT ORDER
18-0450	05/16/2018		CBA	COURT ORDER
18-0451	05/16/2018		CBA	COURT ORDER
18-0452	05/16/2018		CBA	COURT ORDER
18-0453	05/16/2018		CBA	COURT ORDER
18-0454	05/16/2018		CBA	OTHER AGENCY
18-0462	05/21/2018		CBA	COURT ORDER
18-0463	05/21/2018		CBA	COURT ORDER
18-0464	05/21/2018		CBA	COURT ORDER
18-0468	05/22/2018		INFO REPORT ONLY	DISPATCHER
18-0470	05/22/2018		INFO REPORT ONLY	OTHER
18-0471	05/23/2018		CBA	OTHER
18-0485	05/31/2018		CBA	COURT ORDER
18-0486	05/31/2018		CBA	COURT ORDER
18-0487	05/31/2018		CBA	COURT ORDER
18-0488	05/31/2018		CBA	COURT ORDER
18-0489	05/31/2018		CBA	COURT ORDER
18-0519	05/31/2018		CBA	COURT ORDER
18-0520	05/31/2018		CBA	COURT ORDER

Total 24

BATTERY ON PEACE

Cibola County Sheriff's Office

114 McBride Rd, Grants, NM 87020

Offense Summary Report

From 05/01/2018 to 05/31/2018

Case No.	Date	Complainant	Status	Method Received
18-0458	05/17/2018		ACTIVE/PENDING	OTHER
Total	1			
<u>CHILD ABUSE NEGLECT</u>				
18-0435	05/10/2018		INFO REPORT ONLY	OTHER
Total	1			
<u>CRIMINAL SEXUAL</u>				
18-0478	05/25/2018		INFO REPORT ONLY	PHONE
18-0478	05/25/2018		INFO REPORT ONLY	PHONE
18-0491	05/31/2018		ACTIVE/PENDING	DISPATCHER
Total	2			
<u>INTIMIDATION OF A</u>				
18-0437	05/11/2018		WARRANT	WALK-IN
Total	1			
<u>SEX OFFENDER REG</u>				
18-0418	05/02/2018		WARRANT	
Total	1			
<u>STOLEN VEHICLE</u>				
18-0467	05/21/2018		CBA	OTHER
Total	1			
<u>BATTERY HHM</u>				
18-0466	05/21/2018		INFO REPORT ONLY	
18-0472	05/24/2018		ACTIVE/PENDING	DISPATCHER
Total	2			
<u>DEATH REPORT</u>				
18-0436	05/11/2018		INFO REPORT ONLY	DISPATCHER
18-0438	05/12/2018		INFO REPORT ONLY	DISPATCHER

Cibola County Sheriff's Office

114 McBride Rd, Grants, NM 87020

Offense Summary Report

From 05/01/2018 to 05/31/2018

Case No.	Date	Complainant	Status	Method Received
Total	2			
<u>DRIVING REVOKED OR</u>				
18-0474	05/24/2018		CBA	ON VIEW
Total	1			
<u>FALSE REPORTING TO</u>				
18-0419	05/01/2018		CBA	DISPATCHER
Total	1			
<u>INFORMATION REPORT</u>				
18-0422	05/03/2018		INFO REPORT ONLY	WALK-IN
18-0426	05/04/2018		INFO REPORT ONLY	DISPATCHER
18-0429	05/07/2018	[REDACTED]	ACTIVE/PE NDING	
18-0429	05/07/2018	[REDACTED]	ACTIVE/PE NDING	
18-0440	05/13/2018		INFO REPORT ONLY	DISPATCHER
Total	4			

Total Offenses = 72

REPORTS

9c.-e.

No

Documentation

Provided

REPORTS

9f.

[illegible]

\$ 9,273.79

\$ 9,273.79

9,888.41
(614.62)
9,273.79

[illegible]

\$ 11,614.95

	\$	12,393.75
CREDIT	\$	(778.76)

TOTAL \$ 11,614.99

REPORTS

NOT

PRESENTED

Cibola County Road Dept.

700 E. Roosevelt Suite 50

Grants NM 87020

505-285-2570 Phone 505-285 3656 Fax



Wednesday, June 6, 2018

To: Kate Fletcher - County Manager
Fr: Gary Porter - Public Works Director
Re: Monthly Report: 5/1/18 - 5/31/18 (May)

Regular Maintenance

Blade & Shape

<u><i>Road</i></u>	<u><i>Description</i></u>	<u><i>Miles</i></u>
<i>C48</i>	<i>Mallery Road</i>	<i>13.229</i>
<i>C47</i>	<i>Mesa Ridge Road</i>	<i>7.148</i>
<i>C41</i>	<i>Pie Town Road</i>	<i>10.714</i>
<i>C1</i>	<i>Marquez Road</i>	<i>16.208</i>
<i>C4</i>	<i>Piedra Lumbre Road</i>	<i>4.991</i>
<i>C49</i>	<i>Zuni Canyon Road</i>	<i>15.427</i>
<i>C48A</i>	<i>Timberlake Road</i>	<i>16.400</i>
<i>Total Miles</i>		<i>84.117</i>

Special Projects

<i>C14</i>	<i>San Fidel Village - Cut trees.</i>
<i>C59</i>	<i>Dwight Small Rd. - Bar ditch work.</i>
<i>C1</i>	<i>Marquez Rd. - Clean culverts and cattle guards. Haul millings and dirt. Road work.</i>
<i>C41</i>	<i>Pie Town Rd. - Put up downed signs.</i>
<i>C47</i>	<i>Mesa Ridge Rd. - Clean cattle guards.</i>
<i>C20</i>	<i>San Mateo Rd. - Cut trees.</i>
	<i>Haul millings from I-40 by Loves and stock pile on C25 - Bell Rd.</i>
	<i>Haul millings from C25 - Bell Rd. to C1 - Marquez Rd.</i>
	<i>Haul millings from I-40 by McCarty's and stock pile on C14A - Canada Rd.</i>
	<i>Haul millings from C14A - Canada Rd. to C1 - Marquez Road</i>

Cibola County Road Dept.

700 E. Roosevelt Suite 50
Grants NM 87020
505-285-2570 Phone Fax 505-287-3656



MAINTENANCE REPORT

May 2018

<u>Department</u>	<u>Unit Number</u>	<u>Total Parts & Oil</u>	<u>Hours Worked</u>	<u>Mechanic Rate</u>	<u>Total on Repair Order</u>
Road Dept.	130	\$1,001.87	60	\$ 17.50	\$ 2,051.87
Road Dept.	138	\$37.63	1	\$ 17.50	\$ 55.13
				TOTAL	\$ 2,107.00
Sheriff's	G-00038	\$38.89	1.5	\$ 17.50	\$ 65.14
Sheriff's	G-78154	\$28.25	0.75	\$ 17.50	\$ 41.38
Sheriff's	G-85515	\$272.63	4	\$ 17.50	\$ 342.63
Sheriff's	G-85729	\$29.73	0.75	\$ 17.50	\$ 42.86
Sheriff's	G-86096	\$399.20	12	\$ 17.50	\$ 609.20
Sheriff's	G-88606	\$8.00	4	\$ 17.50	\$ 78.00
Sheriff's	G-88607	\$25.60	1.5	\$ 17.50	\$ 51.85
Sheriff's	G-88608	\$233.94	8	\$ 17.50	\$ 373.94
Sheriff's	G-90204	\$8.50	0.75	\$ 17.50	\$ 21.63
Sheriff's	G-90205	\$23.23	1	\$ 17.50	\$ 40.73
Sheriff's	G-96111	\$26.93	4	\$ 17.50	\$ 96.93
Sheriff's	G-96112	\$158.88	2	\$ 17.50	\$ 193.88
				TOTAL	\$ 1,958.16
Managers	G-68922	\$8.00	4	\$ 17.50	\$ 78.00
					\$ 78.00
El Morro Vol. Fire Dept.	G-19378	\$8.00	2	\$ 17.50	\$ 43.00
				TOTAL	\$ 43.00
Clerks	G-55649	\$11.48	2	\$ 17.50	\$ 46.48
Clerks	G-64240	\$8.00	2	\$ 17.50	\$ 43.00
Clerks	G-72255	\$82.38	2	\$ 17.50	\$ 117.38
Clerks	Trailer	\$8.50	0.5	\$ 17.50	\$ 17.25
				TOTAL	\$ 224.11

Cibola County Road Dept.

515 W. High Street

Grants NM 87020

505-285-2570 Phone 505-287-3656 Fax



FUEL REPORT - CIBOLA COUNTY ROAD DEPARTMENT

May 2018

UNLEADED					
VEHICLE #	COST/MILE	MPG	MILES	TOTAL GAL.	TOTAL COST
G-18473	55.18	0.05	2	38.000	\$ 110.36
G-18464	#VALUE!	#VALUE!	N/U	0.000	\$ -
G-15638	#VALUE!	#VALUE!	N/U	0.000	\$ -
G-29800	0.00	#DIV/0!	25	0.000	\$ -
G-29091	#VALUE!	#VALUE!	N/U	0.000	\$ -
G-23696	0.16	18.21	315	17.300	\$ 49.04
G-23697	0.19	14.26	532	37.300	\$ 100.72
G-39980	#VALUE!	#VALUE!	N/U	0.000	\$ -
G-39988	#VALUE!	#VALUE!	N/U	0.000	\$ -
G-95862	0.21	13.62	1,529	112.300	\$ 326.25
G-57384	0.30	9.10	262	28.800	\$ 77.67
G-57619	#VALUE!	#VALUE!	N/U	0.000	\$ -
G-57618	#VALUE!	#VALUE!	N/U	0.000	\$ -
146	#VALUE!	#VALUE!	N/U	0.000	\$ -
G-66164	#VALUE!	#VALUE!	N/U	0.000	\$ -
G-66165	0.00	#DIV/0!	N/U	0.000	\$ -
G-70482	0.27	10.37	511	49.300	\$ 140.21
G-78718	#VALUE!	#VALUE!	N/U	0.000	\$ -
G-64239	#VALUE!	#VALUE!	N/U	0.000	\$ -
G-86952	0.12	22.12	1,022	46.200	\$ 126.55
G-86953	0.11	24.78	1,901	76.700	\$ 212.98
G-86954	0.14	19.35	1,186	61.300	\$ 167.37
G-91750	#VALUE!	#VALUE!	N/U	0.000	\$ -
Extra card	#VALUE!	#VALUE!	N/U	0.000	\$ -
TOTAL GAS				467.200	\$ 1,311.15

DIESEL FUEL					
VEHICLE #	COST/MILE	MPG	MILES	TOTAL GAL.	TOTAL COST
G-50237	0.39	7.79	180	23.100	\$ 69.44
G-18484	#VALUE!	#VALUE!	N/U	0.000	\$ -
G-18476	0.44	6.66	2,611	391.800	\$ 1,143.63
G-18795	#VALUE!	#VALUE!	N/U	0.000	\$ -
G-30550	0.57	5.20	496	95.400	\$ 282.75
G-30549	0.00	#DIV/0!	33	0.000	\$ -
G-38441	0.97	2.93	141	48.100	\$ 136.12
G-67372	0.55	5.40	2,107	390.200	\$ 1,148.63
G-67371	0.56	5.26	2,099	398.900	\$ 1,178.37
G-70782	0.58	5.14	1,332	259.200	\$ 771.76
Distributor	#VALUE!	#VALUE!	N/U	0.000	\$ -
Water Truck	0.00	#DIV/0!	13	0.000	\$ -
New Transport	0.57	5.49	789	143.800	\$ 448.79
305	#VALUE!	#VALUE!	N/U	0.000	\$ -
306	19.77	0.15	6	40.100	\$ 118.64
307	8.59	0.34	89	263.600	\$ 764.10
308	6.36	0.45	10	22.100	\$ 63.61
309	6.97	0.40	8	20.100	\$ 55.74
310	#VALUE!	#VALUE!	N/U	0.000	\$ -
311	#VALUE!	#VALUE!	N/U	0.000	\$ -
312	#VALUE!	#VALUE!	N/U	0.000	\$ -
313	#VALUE!	#VALUE!	N/U	0.000	\$ -
314	3.62	0.80	29	36.100	\$ 105.10
416	12.56	0.23	43	188.100	\$ 540.18
417	10.88	0.27	68	253.700	\$ 739.72
418	11.83	0.24	46	190.600	\$ 544.31
501	#VALUE!	#VALUE!	N/U	0.000	\$ -
Extra card	#VALUE!	#VALUE!	N/U	0.000	\$ -
TOTAL DIESEL				2764.900	\$ 8,110.89

***N/U = NOT USED**

NEW
ITEMS
10 a.

Cibola County Floodplain Development Permit Application

Application # FP 2018-0014 ☒ Use Permit ☐ Variance ☐ Appeal
Permit Fee ~~\$25.00~~ Retro permit Fees Waived

Date May 18, 19

SECTION I: GENERAL PROVISIONS (APPLICANT to read and sign)

1. No work of any kind may start until a permit is issued.
2. The permit may be revoked if any false statements are made herein.
3. If revoked, all work must cease until permit is re-issued.
4. Development shall not be used or occupied until a Certificate of Compliance is issued.
5. The permit will expire if no work is commenced within six months of issuance.
6. Applicant is hereby informed that additional permits may be required to fulfill local, state, and federal regulatory requirements.
7. Applicant hereby gives consent to the Local Administrator or his/her representative to make reasonable inspections required to verify compliance.
8. All work must be completed within 180 days of permit approval.

CERTIFICATION TO THE ADMINISTRATOR:

As the applicant I certify that I am either the owner or authorized agent of the owner and that all statements herein and in attachments to this application are, to the best of my knowledge, true and accurate. The work to be performed, including flood protection works, is as described below and in attachments hereto. The undersigned agrees that all such work shall be done in accordance with the requirements of the Cibola County Flood Damage Prevention Ordinance 10-02, and with all other applicable Federal ordinances and the laws and regulations of the State of New Mexico.

WARNING: PLEASE READ AND ACKNOWLEDGE.

The Flood Insurance Rate Maps (FIRM) and other flood data used by the Cibola County Floodplain Manager in evaluating flood hazards to proposed developments are considered reasonable and accurate for regulatory purposes and are based on the best available scientific and engineering data. On rare occasions greater floods can and will occur, and flood heights may be increased by man-made or natural causes. Issuance of an exemption certificate does not imply that developments outside the identified areas of special flood hazard will be free from flooding or flood damage. Issuance of an exemption certificate shall not create liability on the part of Cibola County, the Cibola County Floodplain Manager or any officer or employee of Cibola County in the event flooding or flood damage does occur. The undersigned hereby makes application for a Floodplain Use Permit.

ELIZABETH B. VALLEJO

(Print name of Agent/Owner)

(Signature of Agent/Owner)

Date

x Elizabeth B. Vallejo 5-18-2018

SECTION 2: OWNER/PROJECT INFORMATION (To be completed by APPLICANT)

Owner or Agent ELIZABETH B. VALLEJO
Owner Name (if agent) Elizabeth B. Vallejo
Mailing Address P.O. Box 171 City CUBERO
Property Address (from County Addressor) _____
State N.M. Zip Code 87014 Phone (505) 290-9492
Engineer N/A
Property Legal Description _____

Description of Work (Check all applicable boxes)

A. Structural Development

Activity Structure Type

- ☒ New Structure* ☐ Residential (1-4 Family)
☒ Addition* ☐ Residential (4+ Family) porch + storage room at back of house
☐ Renovations*/Repairs* ☒ Non-Residential (Floodproofing? ☐ Yes)
Maintenance* ☐ Manufactured Home

B. Other Development Activities

- ☐ Paving ☐ Grading ☐ Filling ☐ Mining
☐ Excavation (Except for Structural Development Checked Above)
☐ Watercourse Alteration (Including Dredging and Channel Modifications)
☐ Drainage Improvements (Including Culvert Work)
☐ Road, Street, Bridge Construction*
☐ Individual Water or Sewer System
☐ Other (Please describe) _____

*Notice: FEMA elevation Certificate MUST be attached to this application

Elevation of the 100-year (Base) flood (Identify source if other than the FIRM): 6169.5 ft.(NAVD1988)
Highest adjacent grade at the development site (natural ground): 6182 ft.(NAVD1988)
Lowest adjacent grade at the development site (natural ground): 6169 ft.(NAVD1988)
Required elevation/depth for lowest floor (including basement): 6169.5 ft.(NAVD1988)
Proposed elevation/height above grade for lowest floor (incl. basement): 6169.5 ft.(NAVD1988)

THIS PERMIT IS ISSUED WITH THE CONDITION THAT THE LOWEST FLOOD (INCLUDING BASEMENT) OF ANY NEW OR SUBSTANTIALLY IMPROVED BUILDING WILL BE ELEVATED TO AT LEAST THE 100-YEAR (BASE) FLOOD ELEVATION (IF AVAILABLE) OR AT LEAST TWO FEET ABOVE THE HIGHEST ADJACENT GRADE (IN AO ZONES), AND THAT IF THE DEVELOPMENT IS PROPOSED IN A DELINEATED FLOODWAY, THE DEVELOPMENT WILL CAUSE NO INCREASE IN THE 100-YEAR (BASE) FLOOD ELEVATION.

OR

THIS PERMIT IS ISSUED WITH THE CONDITION THAT ANY NEW OR SUBSTANTIALLY IMPROVED BUILDING (INCLUDING ANY MANUFACTURED HOUSE) COVERED BY THIS PERMIT WILL BE BUILT ON COMPACTED FILL THAT IS AT LEAST AS HIGH AS THE 100-YEAR (BASE) FLOOD ELEVATION, AND THAT SUCH FILL WILL EXTEND AT LEAST TEN FEET FROM ALL WALLS OF THE BUILDING BEFORE IT DROPS BELOW THE 100-YEAR (BASE) FLOOD ELEVATION.

THIS PERMIT IS ISSUED WITH THE CONDITION THAT THE DEVELOPER/OWNER OF ANY NEW OR SUBSTANTIALLY IMPROVED BUILDING (INCLUDING ANY MANUFACTURED HOUSE) WILL PROVIDE A COMPLETED FEMA ELEVATION CERTIFICATE BY A REGISTERED ENGINEER OR LAND SURVEYOR BASED ON "ACTUAL CONSTRUCTION" PRIOR TO ISSUANCE OF AN OCCUPANCY PERMIT.

Application, Plans and Specifications Received this 18 Day of May, 2018

Elizabeth B. Vallejo
(Signature of Agent/Owner)

Ana M. Forster
(Signature of Floodplain Administrator)

SECTION 3: ADDITIONAL INFORMATION (To be completed by APPLICANT)

If the proposed development is located in a Special Flood Hazard Area the applicant must submit the documents as noted below, before the application can be processed:

☐ Development plans, drawn to scale, and specifications, including where applicable: details for anchoring structures, proposed elevation of lowest floor (including basement), types of water-resistant materials used below the first floor, details of floodproofing of utilities located below the first floor, and details of enclosures below the first floor. (Required for structural development activities.)

☒ Completed Floodplain Building application (Required for building permit requests involving structures.)

☐ A copy of all data and hydraulic/hydrologic calculations used to determine the base flood elevation and floodway limits.

☐ A copy of all data and hydraulic/hydrologic calculations used to determine the floodway limits. (Required for proposed development in the floodplain where base flood elevations are established but no floodway or non-encroachment areas are determined.)

☐ Plans showing the extent of watercourse relocation and/or landform alterations. (As applicable)

☐ Change in water elevation (in feet) Meets ordinance limits on elevation increases: ☐ YES ☐ NO (Required for proposed encroachments to a floodway or non-encroachment area.)

☐ Top of new compacted fill elevation _____ ft. (NAVD1988). (Required for development involving fill in the floodplain.)

☐ Floodproofing protection level (non-residential only) _____ ft. (NAVD1988). Applicant must attach certification from registered engineer. (Required for floodproofed structures.)

☐ Certification from a registered engineer that the proposed activity in a regulatory floodway will not Result in any increase in the height of the regulatory flood event, or conditional approval issued by FEMA via a Conditional Letter of Map Revision (CLOMR) for the proposed activity. A copy of all data and hydraulic/hydrologic calculations supporting this finding must also be submitted. (Required for proposed encroachments to a floodway or non-encroachment area.)

☒ A certified and completed Elevation Certificate that includes the proposed elevation of lowest floor (including basement). Applicant must submit the Elevation Certificate before construction (based on construction drawings), when building is under construction (before lowest floor is completed), and when construction is finished (as-built elevations).

☐ A certified and completed Floodproofing Certificate for floodproofed non-residential structures.

☐ Location of all fill that will be stored in the floodplain, and statement of the amount of fill! In addition, for a house show: The existing ground elevation and calculated height of the base flood elevation

☐ For a bridge submittal drawings and specifications for the bridge, certified by a registered professional Engineer. Calculations showing amount of fill (if any). A cross section at bridge location showing existing conditions, proposed conditions and BFE level. A site plan showing the location of all existing structures, water bodies, adjacent roads, lot dimensions, and proposed development. A copy of all data and hydraulic/hydrologic calculations supporting bridge submittal must also be submitted.

☐ Other:

SECTION 4: COMPLIANCE ACTION (To be completed by LOCAL ADMINISTRATOR)

The LOCAL ADMINISTRATOR will complete this section as applicable based on inspection of the project to ensure compliance with the community's local law for flood damage prevention.

1st INSPECTION DATE 5/18/18 BY AML DEFICIENCIES? ☐ Yes ☒ No

2nd INSPECTION DATE _____ BY _____ DEFICIENCIES? ☐ Yes ☐ No

1st Elevation Certificate Date _____ Final Elevation Certificate Date _____

Certificate of Compliance issued: DATE _____ BY _____

FLOODPLAIN MANAGER

Application Action Taken: ☐ Approved ☐ Denied ☐ Other _____

Floodplain Administrator

Date

CIBOLA COUNTY COMMISSIONERS APPLICATION

Action Taken: ☐ Variance ☐ Appeal ☐ Approved ☐ Denied ☐ Other _____

Commission Action Confirmed By: _____

Floodplain Administrator

Date of BCC meeting

ELEVATION CERTIFICATE

Important: Follow the instructions on pages 1–9.

Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner.

SECTION A – PROPERTY INFORMATION				FOR INSURANCE COMPANY USE	
A1. Building Owner's Name Elizabeth Vallejos				Policy Number:	
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 9 Water Canyon Rd				Company NAIC Number:	
City Cubero		State New Mexico		ZIP Code 87014	
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) R00287 Section 24 T 10N R7W A					
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) <u>Porch, and attached storage room</u>					
A5. Latitude/Longitude: Lat. <u>35.084377</u> Long. <u>-107.523826</u> Horizontal Datum: <input type="checkbox"/> NAD 1927 <input checked="" type="checkbox"/> NAD 1983					
A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance.					
A7. Building Diagram Number <u>8</u>					
A8. For a building with a crawlspace or enclosure(s):					
a) Square footage of crawlspace or enclosure(s) <u>448.00</u> sq ft					
b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade <u>5</u>					
c) Total net area of flood openings in A8.b <u>487.50</u> sq in					
d) Engineered flood openings? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
A9. For a building with an attached garage:					
a) Square footage of attached garage <u>N/A</u> sq ft					
b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade <u>N/A</u>					
c) Total net area of flood openings in A9.b <u>N/A</u> sq in					
d) Engineered flood openings? <input type="checkbox"/> Yes <input type="checkbox"/> No					
SECTION B – FLOOD INSURANCE RATE MAP (FIRM) INFORMATION					
B1. NFIP Community Name & Community Number Cibola County Unincorporated 35014			B2. County Name Cibola County		B3. State New Mexico
B4. Map/Panel Number 750	B5. Suffix C	B6. FIRM Index Date 12-17-2010	B7. FIRM Panel Effective/ Revised Date 12-17-2018	B8. Flood Zone(s) A	B9. Base Flood Elevation(s) (Zone AO, use Base Flood Depth) 6169.5
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9: <input type="checkbox"/> FIS Profile <input type="checkbox"/> FIRM <input checked="" type="checkbox"/> Community Determined <input type="checkbox"/> Other/Source: _____					
B11. Indicate elevation datum used for BFE in Item B9: <input type="checkbox"/> NGVD 1929 <input checked="" type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other/Source: _____					
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Designation Date: _____ <input type="checkbox"/> CBRS <input type="checkbox"/> OPA					

ELEVATION CERTIFICATEOMB No. 1660-0008
Expiration Date: November 30, 2018

IMPORTANT: In these spaces, copy the corresponding information from Section A.			FOR INSURANCE COMPANY USE
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 9 Water Canyon Rd			Policy Number:
City Cubero	State New Mexico	ZIP Code 87014	Company NAIC Number

SECTION C – BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)C1. Building elevations are based on: ☐ Construction Drawings* ☐ Building Under Construction* ☐ Finished Construction

*A new Elevation Certificate will be required when construction of the building is complete.

C2. Elevations – Zones A1–A30, AE, AH, A (with BFE), VE, V1–V30, V (with BFE), AR, AR/A, AR/AE, AR/A1–A30, AR/AH, AR/AO. Complete Items C2.a–h below according to the building diagram specified in Item A7. In Puerto Rico only, enter meters.

Benchmark Utilized: N/A Vertical Datum: N/A

Indicate elevation datum used for the elevations in items a) through h) below.

☐ NGVD 1929 ☐ NAVD 1988 ☐ Other/Source: _____

Datum used for building elevations must be the same as that used for the BFE.

Check the measurement used.

- | | | | |
|---|------------|-------------------------------|---------------------------------|
| a) Top of bottom floor (including basement, crawlspace, or enclosure floor) | <u>N/A</u> | <input type="checkbox"/> feet | <input type="checkbox"/> meters |
| b) Top of the next higher floor | <u>N/A</u> | <input type="checkbox"/> feet | <input type="checkbox"/> meters |
| c) Bottom of the lowest horizontal structural member (V Zones only) | <u>N/A</u> | <input type="checkbox"/> feet | <input type="checkbox"/> meters |
| d) Attached garage (top of slab) | <u>N/A</u> | <input type="checkbox"/> feet | <input type="checkbox"/> meters |
| e) Lowest elevation of machinery or equipment servicing the building
(Describe type of equipment and location in Comments) | <u>N/A</u> | <input type="checkbox"/> feet | <input type="checkbox"/> meters |
| f) Lowest adjacent (finished) grade next to building (LAG) | <u>N/A</u> | <input type="checkbox"/> feet | <input type="checkbox"/> meters |
| g) Highest adjacent (finished) grade next to building (HAG) | <u>N/A</u> | <input type="checkbox"/> feet | <input type="checkbox"/> meters |
| h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support | <u>N/A</u> | <input type="checkbox"/> feet | <input type="checkbox"/> meters |

SECTION D – SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION

This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by law to certify elevation information. I certify that the information on this Certificate represents my best efforts to interpret the data available. I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001.

Were latitude and longitude in Section A provided by a licensed land surveyor? ☐ Yes ☐ No ☐ Check here if attachments.

Certifier's Name N/A	License Number N/A	Place Seal Here	
Title N/A			
Company Name N/A			
Address N/A			
City N/A	State New Mexico ZIP Code N/A		
Signature	Date	Telephone	Ext.

Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner.

Comments (including type of equipment and location, per C2(e), if applicable)

ELEVATION CERTIFICATE

OMB No. 1660-0008
Expiration Date: November 30, 2018

IMPORTANT: In these spaces, copy the corresponding information from Section A.			FOR INSURANCE COMPANY USE
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. <u>9 Water Canyon Rd</u>			Policy Number:
City <u>Cubero</u>	State <u>New Mexico</u>	ZIP Code <u>87014</u>	Company NAIC Number

SECTION E – BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AND ZONE A (WITHOUT BFE)

For Zones AO and A (without BFE), complete Items E1–E5. If the Certificate is intended to support a LOMA or LOMR-F request, complete Sections A, B, and C. For Items E1–E4, use natural grade, if available. Check the measurement used. In Puerto Rico only, enter meters.

- E1. Provide elevation information for the following and check the appropriate boxes to show whether the elevation is above or below the highest adjacent grade (HAG) and the lowest adjacent grade (LAG).
- a) Top of bottom floor (including basement, crawlspace, or enclosure) is 2 ft 11" ☒ feet ☐ meters ☒ above or ☐ below the HAG.
- b) Top of bottom floor (including basement, crawlspace, or enclosure) is 4 ft ☒ feet ☐ meters ☒ above or ☐ below the LAG.
- E2. For Building Diagrams 6–9 with permanent flood openings provided in Section A Items 8 and/or 9 (see pages 1–2 of Instructions), the next higher floor (elevation C2.b in the diagrams) of the building is N/A ☐ feet ☐ meters ☐ above or ☐ below the HAG.
- E3. Attached garage (top of slab) is N/A ☐ feet ☐ meters ☐ above or ☐ below the HAG.
- E4. Top of platform of machinery and/or equipment servicing the building is N/A ☐ feet ☐ meters ☐ above or ☐ below the HAG.
- E5. Zone AO only: If no flood depth number is available, is the top of the bottom floor elevated in accordance with the community's floodplain management ordinance? ☐ Yes ☐ No ☐ Unknown. The local official must certify this information in Section G.

* SECTION F – PROPERTY OWNER (OR OWNER'S REPRESENTATIVE) CERTIFICATION

The property owner or owner's authorized representative who completes Sections A, B, and E for Zone A (without a FEMA-issued or community-issued BFE) or Zone AO must sign here. The statements in Sections A, B, and E are correct to the best of my knowledge.

Property Owner or Owner's Authorized Representative's Name <u>#9 WATER CANYON Rd</u>			
Address <u>Elizabeth B. Vallejo</u>	City <u>Cubero</u>	State <u>New Mexico</u>	ZIP Code <u>87014</u>
Signature	Date <u>5-18-2018</u>	Telephone <u>(505) 290-9492</u>	

Comments

5 vents 15 inches long
6.5 inches wide

This information is for porch at front of building

☒ Check here if attachments.

ELEVATION CERTIFICATE

OMB No. 1660-0008
Expiration Date: November 30, 2018

IMPORTANT: In these spaces, copy the corresponding information from Section A.

FOR INSURANCE COMPANY USE

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.

Policy Number:

City
Cubero

State
New Mexico

ZIP Code
87014

Company NAIC Number

SECTION E – BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AND ZONE A (WITHOUT BFE)

For Zones AO and A (without BFE), complete Items E1–E5. If the Certificate is intended to support a LOMA or LOMR-F request, complete Sections A, B, and C. For Items E1–E4, use natural grade, if available. Check the measurement used. In Puerto Rico only, enter meters.

- E1. Provide elevation information for the following and check the appropriate boxes to show whether the elevation is above or below the highest adjacent grade (HAG) and the lowest adjacent grade (LAG).
- a) Top of bottom floor (including basement, crawlspace, or enclosure) is 0 ☒ feet ☐ meters ☒ above or ☐ below the HAG.
- b) Top of bottom floor (including basement, crawlspace, or enclosure) is 4 ☒ feet ☐ meters ☒ above or ☐ below the LAG.
- E2. For Building Diagrams 6–9 with permanent flood openings provided in Section A Items 8 and/or 9 (see pages 1–2 of Instructions), the next higher floor (elevation C2.b in the diagrams) of the building is 2 ☒ feet ☐ meters ☒ above or ☐ below the HAG.
- E3. Attached garage (top of slab) is N/A ☐ feet ☐ meters ☐ above or ☐ below the HAG.
- E4. Top of platform of machinery and/or equipment servicing the building is N/A ☐ feet ☐ meters ☐ above or ☐ below the HAG.
- E5. Zone AO only: If no flood depth number is available, is the top of the bottom floor elevated in accordance with the community's floodplain management ordinance? ☐ Yes ☐ No ☐ Unknown. The local official must certify this information in Section G.

* SECTION F – PROPERTY OWNER (OR OWNER'S REPRESENTATIVE) CERTIFICATION

The property owner or owner's authorized representative who completes Sections A, B, and E for Zone A (without a FEMA-issued or community-issued BFE) or Zone AO must sign here. The statements in Sections A, B, and E are correct to the best of my knowledge.

Property Owner or Owner's Authorized Representative's Name

#9 WATER CANYON Rd

Cubero

New Mexico

87014

Address

Elizabeth B. Vallejo

City

5-18-2018

State

New Mexico

ZIP Code

Signature

Date

Telephone

(505) 290-9492

Comments

5 vents 15 inches long, 6.5 inches wide vent for addition.
This information for addition on Back of building

☒ Check here if attachments.

ELEVATION CERTIFICATE

OMB No. 1660-0008
Expiration Date: November 30, 2018

IMPORTANT: In these spaces, copy the corresponding information from Section A.			FOR INSURANCE COMPANY USE
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. <i>9 Water Canyon Rd</i>			Policy Number:
City <i>Cubero</i>	State New Mexico	ZIP Code <i>87014</i>	Company NAIC Number

SECTION G – COMMUNITY INFORMATION (OPTIONAL)

The local official who is authorized by law or ordinance to administer the community's floodplain management ordinance can complete Sections A, B, C (or E), and G of this Elevation Certificate. Complete the applicable item(s) and sign below. Check the measurement used in Items G8–G10. In Puerto Rico only, enter meters.

- G1. ☐ The information in Section C was taken from other documentation that has been signed and sealed by a licensed surveyor, engineer, or architect who is authorized by law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.)
- G2. ☒ A community official completed Section E for a building located in Zone A (without a FEMA-issued or community-issued BFE) or Zone AO.
- G3. ☐ The following information (Items G4–G10) is provided for community floodplain management purposes.

G4. Permit Number <i>2018-014</i>	G5. Date Permit Issued <i>5/18/18</i>	G6. Date Certificate of Compliance/Occupancy Issued <i>5/18/18</i>
--------------------------------------	--	---

- G7. This permit has been issued for: ☒ New Construction ☐ Substantial Improvement
- G8. Elevation of as-built lowest floor (including basement) of the building: *6171.5* ☒ feet ☐ meters Datum _____
- G9. BFE or (in Zone AO) depth of flooding at the building site: *6169.5* ☒ feet ☐ meters Datum _____
- G10. Community's design flood elevation: *6169.5* ☐ feet ☐ meters Datum _____

Local Official's Name Anna Larson	Title Floodplain Administrator
Community Name Cibola County	Telephone (505) 285-2555
Signature <i>Anna M Larson</i>	Date <i>5/18/18</i>

Comments (including type of equipment and location, per C2(e), if applicable)

☐ Check here if attachments.

ELEVATION CERTIFICATE

BUILDING PHOTOGRAPHS

See Instructions for Item A6.

OMB No. 1660-0008

Expiration Date: November 30, 2018

IMPORTANT: In these spaces, copy the corresponding information from Section A.

FOR INSURANCE COMPANY USE

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.
9 Water Canyon Rd

Policy Number:

City
Cubero

State
New Mexico

ZIP Code
87014

Company NAIC Number

If using the Elevation Certificate to obtain NFIP flood insurance, affix at least 2 building photographs below according to the instructions for Item A6. Identify all photographs with date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8. If submitting more photographs than will fit on this page, use the Continuation Page.

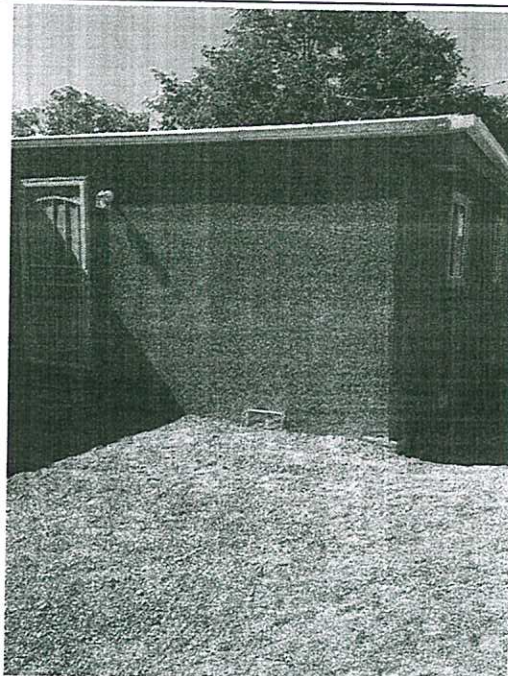


Photo One

Photo One Caption Addition front

Clear Photo One

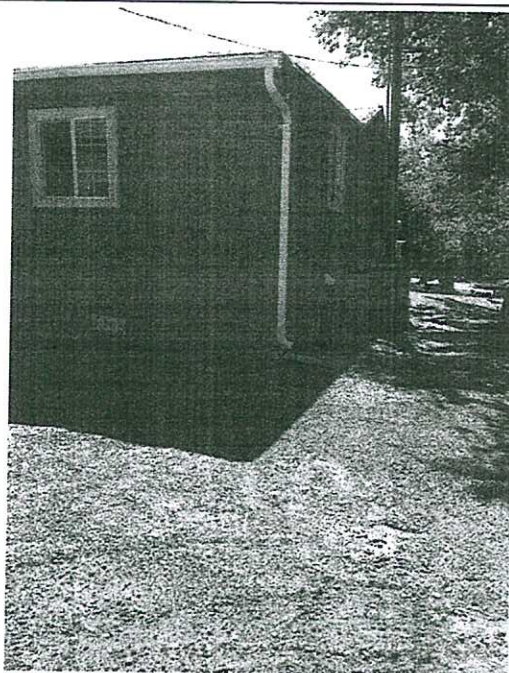


Photo Two

Photo Two Caption Addition Back

Clear Photo Two

ELEVATION CERTIFICATE**BUILDING PHOTOGRAPHS**

Continuation Page

OMB No. 1660-0008

Expiration Date: November 30, 2018

IMPORTANT: In these spaces, copy the corresponding information from Section A.**FOR INSURANCE COMPANY USE**Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.
9 Water Canyon Rd

Policy Number:

City
CuberoState
New MexicoZIP Code
87014

Company NAIC Number

If submitting more photographs than will fit on the preceding page, affix the additional photographs below. Identify all photographs with: date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8.



Photo Three

Photo Three Caption Porch Front

Clear Photo Three

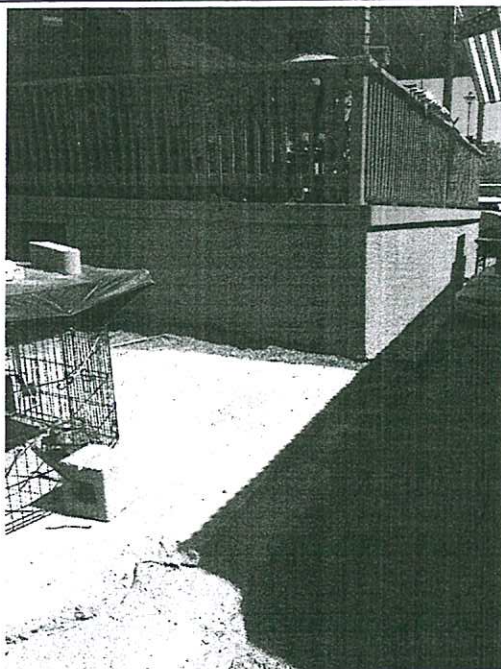


Photo Four

Photo Four Caption Porch Back

Clear Photo Four

II.

Cibola County Floodplain Development Permit Application

Application # FP 2018-001 ☐ Use Permit ☐ Variance ☐ Appeal
Permit Fee \$25.00 *Retro permit fee waived*

Date 5-1-18

SECTION I: GENERAL PROVISIONS (APPLICANT to read and sign)

1. No work of any kind may start until a permit is issued.
2. The permit may be revoked if any false statements are made herein.
3. If revoked, all work must cease until permit is re-issued.
4. Development shall not be used or occupied until a Certificate of Compliance is issued.
5. The permit will expire if no work is commenced within six months of issuance.
6. Applicant is hereby informed that additional permits may be required to fulfill local, state, and federal regulatory requirements.
7. Applicant hereby gives consent to the Local Administrator or his/her representative to make reasonable inspections required to verify compliance.
8. All work must be completed within 180 days of permit approval.

CERTIFICATION TO THE ADMINISTRATOR:

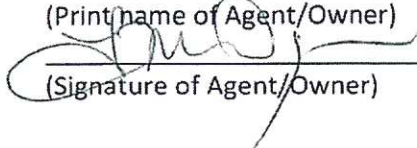
As the applicant I certify that I am either the owner or authorized agent of the owner and that all statements herein and in attachments to this application are, to the best of my knowledge, true and accurate. The work to be performed, including flood protection works, is as described below and in attachments hereto. The undersigned agrees that all such work shall be done in accordance with the requirements of the Cibola County Flood Damage Prevention Ordinance 10-02, and with all other applicable Federal ordinances and the laws and regulations of the State of New Mexico.

WARNING: PLEASE READ AND ACKNOWLEDGE.

The Flood Insurance Rate Maps (FIRM) and other flood data used by the Cibola County Floodplain Manager in evaluating flood hazards to proposed developments are considered reasonable and accurate for regulatory purposes and are based on the best available scientific and engineering data. On rare occasions greater floods can and will occur, and flood heights may be increased by man-made or natural causes. Issuance of an exemption certificate does not imply that developments outside the identified areas of special flood hazard will be free from flooding or flood damage. Issuance of an exemption certificate shall not create liability on the part of Cibola County, the Cibola County Floodplain Manager or any officer or employee of Cibola County in the event flooding or flood damage does occur. The undersigned hereby makes application for a Floodplain Use Permit.

Tammy Mawdagean

(Print name of Agent/Owner)


(Signature of Agent/Owner)

5-29-18

Date

SECTION 2: OWNER/PROJECT INFORMATION (To be completed by APPLICANT)

Owner or Agent Tammy Mandagaran

Owner Name (if agent) _____

Mailing Address PO Box 2122 City Milan

Property Address (from County Addressor) 53 Malpais Rd

State NM Zip Code 87021 Phone 505-285-6714

Engineer Clyde King (Hammon Enterprises)

Property Legal Description Tract 2, Replat of Lot 5, Bk 4 Murray Acres

Description of Work (Check all applicable boxes)

A. Structural Development

Activity Structure Type

- ☐ New Structure* ☒ Residential (1-4 Family)
☐ Addition* ☐ Residential (4+ Family)
☐ Renovations*/Repairs* ☐ Non-Residential (Floodproofing? ☐ Yes)
Maintenance* ☒ Manufactured Home

B. Other Development Activities

- ☐ Paving ☐ Grading ☐ Filling ☐ Mining
☐ Excavation (Except for Structural Development Checked Above)
☐ Watercourse Alteration (Including Dredging and Channel Modifications)
☐ Drainage Improvements (Including Culvert Work)
☐ Road, Street, Bridge Construction*
☐ Individual Water or Sewer System
☐ Other (Please describe)

*Notice: FEMA elevation Certificate MUST be attached to this application

See Elevation Cert

Elevation of the 100-year (Base) flood (Identify source if other than the FIRM): _____ ft.(NAVD1988)

Highest adjacent grade at the development site (natural ground): _____ ft.(NAVD1988)

Lowest adjacent grade at the development site (natural ground): _____ ft.(NAVD1988)

Required elevation/depth for lowest floor (including basement): _____ ft.(NAVD1988)

Proposed elevation/height above grade for lowest floor (incl. basement): _____ ft.(NAVD1988)

SECTION 3: ADDITIONAL INFORMATION (To be completed by APPLICANT)

If the proposed development is located in a Special Flood Hazard Area the applicant must submit the documents as noted below, before the application can be processed:

- ☐ Development plans, drawn to scale, and specifications, including where applicable: details for anchoring structures, proposed elevation of lowest floor (including basement), types of water-resistant materials used below the first floor, details of floodproofing of utilities located below the first floor, and details of enclosures below the first floor. (Required for structural development activities.)
- ☐ Completed Floodplain Building application (Required for building permit requests involving structures.)
- ☐ A copy of all data and hydraulic/hydrologic calculations used to determine the base flood elevation and floodway limits.
- ☐ A copy of all data and hydraulic/hydrologic calculations used to determine the floodway limits. (Required for proposed development in the floodplain where base flood elevations are established but no floodway or non-encroachment areas are determined.)
- ☐ Plans showing the extent of watercourse relocation and/or landform alterations. (As applicable)
- ☐ Change in water elevation (in feet) Meets ordinance limits on elevation increases: ☐ YES ☐ NO (Required for proposed encroachments to a floodway or non-encroachment area.)
- ☐ Top of new compacted fill elevation _____ ft.(NAVD1988). (Required for development involving fill in the floodplain.)
- ☐ Floodproofing protection level (non-residential only) _____ ft.(NAVD1988). Applicant must attach certification from registered engineer. (Required for floodproofed structures.)
- ☐ Certification from a registered engineer that the proposed activity in a regulatory floodway will not Result in any increase in the height of the regulatory flood event, or conditional approval issued by FEMA via a Conditional Letter of Map Revision (CLOMR) for the proposed activity. A copy of all data and hydraulic/hydrologic calculations supporting this finding must also be submitted. (Required for proposed encroachments to a floodway or non-encroachment area.)
- ☐ A certified and completed Elevation Certificate that includes the proposed elevation of lowest floor (including basement). Applicant must submit the Elevation Certificate before construction (based on construction drawings), when building is under construction (before lowest floor is completed), and when construction is finished (as-built elevations).
- ☐ A certified and completed Floodproofing Certificate for floodproofed non-residential structures.
- ☐ Location of all fill that will be stored in the floodplain, and statement of the amount of fill In addition, for a house show: The existing ground elevation and calculated height of the base flood elevation
- ☐ For a bridge submittal drawings and specifications for the bridge, certified by a registered professional Engineer. Calculations showing amount of fill (if any). A cross section at bridge location showing existing conditions, proposed conditions and BFE level. A site plan showing the location of all existing structures, water bodies, adjacent roads, lot dimensions, and proposed development. A copy of all data and hydraulic/hydrologic calculations supporting bridge submittal must also be submitted.
- ☐ Other:

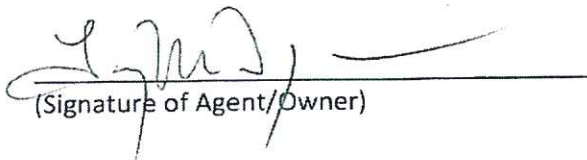
THIS PERMIT IS ISSUED WITH THE CONDITION THAT THE LOWEST FLOOD (INCLUDING BASEMENT) OF ANY NEW OR SUBSTANTIALLY IMPROVED BUILDING WILL BE ELEVATED TO AT LEAST THE 100-YEAR (BASE) FLOOD ELEVATION (IF AVAILABLE) OR AT LEAST TWO FEET ABOVE THE HIGHEST ADJACENT GRADE (IN AO ZONES), AND THAT IF THE DEVELOPMENT IS PROPOSED IN A DELINEATED FLOODWAY, THE DEVELOPMENT WILL CAUSE NO INCREASE IN THE 100-YEAR (BASE) FLOOD ELEVATION.

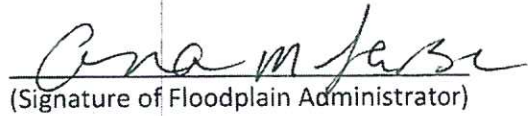
OR

THIS PERMIT IS ISSUED WITH THE CONDITION THAT ANY NEW OR SUBSTANTIALLY IMPROVED BUILDING (INCLUDING ANY MANUFACTURED HOUSE) COVERED BY THIS PERMIT WILL BE BUILT ON COMPACTED FILL THAT IS AT LEAST AS HIGH AS THE 100-YEAR (BASE) FLOOD ELEVATION, AND THAT SUCH FILL WILL EXTEND AT LEAST TEN FEET FROM ALL WALLS OF THE BUILDING BEFORE IT DROPS BELOW THE 100-YEAR (BASE) FLOOD ELEVATION.

THIS PERMIT IS ISSUED WITH THE CONDITION THAT THE DEVELOPER/OWNER OF ANY NEW OR SUBSTANTIALLY IMPROVED BUILDING (INCLUDING ANY MANUFACTURED HOUSE) WILL PROVIDE A COMPLETED FEMA ELEVATION CERTIFICATE BY A REGISTERED ENGINEER OR LAND SURVEYOR BASED ON "ACTUAL CONSTRUCTION" PRIOR TO ISSUANCE OF AN OCCUPANCY PERMIT.

Application, Plans and Specifications Received this 30th Day of may, 2018


(Signature of Agent/Owner)


(Signature of Floodplain Administrator)

SECTION 4: COMPLIANCE ACTION (To be completed by LOCAL ADMINISTRATOR)

The LOCAL ADMINISTRATOR will complete this section as applicable based on inspection of the project to ensure compliance with the community's local law for flood damage prevention.

1st INSPECTION DATE 10/29/13 BY Hammon DEFICIENCIES? ☐ Yes ☒ No

2nd INSPECTION DATE _____ BY _____ DEFICIENCIES? ☐ Yes ☐ No

1st Elevation Certificate Date _____ Final Elevation Certificate Date 10/29/13

Certificate of Compliance issued: DATE _____ BY _____

FLOODPLAIN MANAGER

Application Action Taken: ☒ Approved ☐ Denied ☐ Other _____

Ana M. [Signature] _____
Floodplain Administrator Date

CIBOLA COUNTY COMMISSIONERS APPLICATION

Action Taken: ☐ Variance ☐ Appeal ☐ Approved ☐ Denied ☐ Other _____

Commission Action Confirmed By: _____
Floodplain Administrator

Date of BCC meeting

FEMA

202 646 2500

U.S. DEPARTMENT OF HOMELAND SECURITY
FEDERAL EMERGENCY MANAGEMENT AGENCY
National Flood Insurance Program

ELEVATION CERTIFICATE

IMPORTANT: Follow the instructions on pages 1-9.

OMB No. 1660-0008
Expiration Date: July 31, 2015

SECTION A - PROPERTY INFORMATION		FOR INSURANCE COMPANY USE	
A1. Building Owner's Name	TAMMY S. MANDAGARAN	Policy Number:	
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.	53 MALPAIS ROAD	Company NAIC Number:	
City	MILAN	State	NM
		ZIP Code	87021
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)			
TRACT 2, REPLAT OF LOT 5, BLOCK 4, MURRAY ACRES			
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.)		RESIDENTIAL	
A5. Latitude/Longitude: Lat.	N35°13.780'	Long.	W107°52.689'
		Horizontal Datum:	<input type="checkbox"/> NAD 1927 <input checked="" type="checkbox"/> NAD 1983
A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance.			
A7. Building Diagram Number 8			
A8. For a building with a crawlspace or enclosure(s):		A9. For a building with an attached garage: N/A	
a) Square footage of crawlspace or enclosure(s)	1800 sq ft	a) Square footage of attached garage	sq ft
b) No. of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade	0	b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade	
c) Total net area of flood openings in A8.b	384 sq in	c) Total net area of flood openings in A9.b	sq in
d) Engineered flood openings? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		d) Engineered flood openings? <input type="checkbox"/> Yes <input type="checkbox"/> No	

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION						
B1. NFIP Community Name & Community Number	CIBOLA COUNTY 35006C		B2. County Name	CIBOLA	B3. State	NEW MEXICO
B4. Map/Panel Number	B5. Suffix	B6. FIRM Index Date	B7. FIRM Panel Effective/Revised Date	B8. Flood Zone(s)	B9. Base Flood Elevation(s) (Zone A0, use base flood depth)	
0385	C	FEB. 17, 2010	FEB. 17, 2010	A	N/A	
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9:						
<input type="checkbox"/> FIS Profile <input type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input type="checkbox"/> Other/Source: N/A						
B11. Indicate elevation datum used for BFE in Item B9: <input type="checkbox"/> NGVD 1929 <input type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other/Source: N/A						
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
Designation Date: ____/____/____ <input type="checkbox"/> CBRS <input type="checkbox"/> OPA						

SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)	
C1. Building elevations are based on: <input type="checkbox"/> Construction Drawings* <input type="checkbox"/> Building Under Construction* <input type="checkbox"/> Finished Construction	
*A new Elevation Certificate will be required when construction of the building is complete.	
C2. Elevations - Zones A1-A30, AE, AH, A (with BFE), VE, V1-V30, V (with BFE), AR, AR/A, AR/AE, AR/A1-A30, AR/AH, AR/AO. Complete Items C2.a-h below according to the building diagram specified in Item A7. In Puerto Rico only, enter meters.	
Benchmark Utilized: _____ Vertical Datum: _____	
Indicate elevation datum used for the elevations in items a) through h) below. <input type="checkbox"/> NGVD 1929 <input type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other/Source: _____	
Datum used for building elevations must be the same as that used for the BFE.	
Check the measurement used.	
a) Top of bottom floor (including basement, crawlspace, or enclosure floor)	<input type="checkbox"/> feet <input type="checkbox"/> meters
b) Top of the next higher floor	<input type="checkbox"/> feet <input type="checkbox"/> meters
c) Bottom of the lowest horizontal structural member (V Zones only)	<input type="checkbox"/> feet <input type="checkbox"/> meters
d) Attached garage (top of slab)	<input type="checkbox"/> feet <input type="checkbox"/> meters
e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments)	<input type="checkbox"/> feet <input type="checkbox"/> meters
f) Lowest adjacent (finished) grade next to building (LAG)	<input type="checkbox"/> feet <input type="checkbox"/> meters
g) Highest adjacent (finished) grade next to building (HAG)	<input type="checkbox"/> feet <input type="checkbox"/> meters
h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support	<input type="checkbox"/> feet <input type="checkbox"/> meters

SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION			
This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by law to certify elevation information. I certify that the information on this Certificate represents my best efforts to interpret the data available. I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001.			
<input checked="" type="checkbox"/> Check here if comments are provided on back of form.		Were latitude and longitude in Section A provided by a licensed land surveyor? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Check here if attachments.			
Certifier's Name	CLYDE J. KING	License Number	NMPS13979
Title	PROFESSIONAL LAND SURVEYOR	Company Name	HAMMON ENTERPRISES, INC.
Address	P.O. BOX 770	City	RAMAH
		State	NM
		ZIP Code	87321
Signature		Date	10-29-2013
		Telephone	505-783-4020



ELEVATION CERTIFICATE, page 2

IMPORTANT: In these spaces, copy the corresponding information from Section A.			FOR INSURANCE COMPANY USE
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or R.O. Route and Box No. <u>53 MALPAS ROAD</u>			Policy Number:
City <u>MILAN</u>	State <u>NM</u>	ZIP Code <u>87021</u>	Company NAIC Number:

SECTION D – SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION (CONTINUED)

Copy both sides of this Elevation Certificate for (1) community official, (2) insurance agent/company, and (3) building owner.

Comments THIS IS A MODULAR HOME ON A PERMANENT FOUNDATION

Signature [Signature] Date 10-29-2013

SECTION E – BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AND ZONE A (WITHOUT BFE)

For Zones AO and A (without BFE), complete Items E1–E5. If the Certificate is intended to support a LOMA or LOMR-F request, complete Sections A, B, and C. For Items E1–E4, use natural grade, if available. Check the measurement used. In Puerto Rico only, enter meters.

- E1. Provide elevation information for the following and check the appropriate boxes to show whether the elevation is above or below the highest adjacent grade (HAG) and the lowest adjacent grade (LAG).
- a) Top of bottom floor (including basement, crawlspace, or enclosure) is 2 33 ☒ feet ☐ meters ☒ above or ☐ below the HAG.
- b) Top of bottom floor (including basement, crawlspace, or enclosure) is 2 67 ☒ feet ☐ meters ☒ above or ☐ below the LAG.
- E2. For Building Diagrams 6–9 with permanent flood openings provided in Section A Items 8 and/or 9 (see pages 8–9 of Instructions), the next higher floor (elevation C2.b in the diagrams) of the building is N/A ☐ feet ☐ meters ☐ above or ☐ below the HAG.
- E3. Attached garage (top of slab) is N/A ☐ feet ☐ meters ☐ above or ☐ below the HAG.
- E4. Top of platform of machinery and/or equipment servicing the building is 0 05 ☒ feet ☐ meters ☒ above or ☐ below the HAG.
- E5. Zone AO only: If no flood depth number is available, is the top of the bottom floor elevated in accordance with the community's floodplain management ordinance? ☐ Yes ☐ No ☐ Unknown. The local official must certify this information in Section G.

SECTION F – PROPERTY OWNER (OR OWNER'S REPRESENTATIVE) CERTIFICATION

The property owner or owner's authorized representative who completes Sections A, B, and E for Zone A (without a FEMA-issued or community-issued BFE) or Zone AO must sign here. The statements in Sections A, B, and E are correct to the best of my knowledge.

Property Owner or Owner's Authorized Representative's Name

Address City State ZIP Code
Signature Date Telephone

Comments

☐ Check here if attachments.

SECTION G – COMMUNITY INFORMATION (OPTIONAL)

The local official who is authorized by law or ordinance to administer the community's floodplain management ordinance can complete Sections A, B, C (or E), and G of this Elevation Certificate. Complete the applicable item(s) and sign below. Check the measurement used in Items G8–G10. In Puerto Rico only, enter meters.

- G1. ☐ The information in Section C was taken from other documentation that has been signed and sealed by a licensed surveyor, engineer, or architect who is authorized by law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.)
- G2. ☐ A community official completed Section E for a building located in Zone A (without a FEMA-issued or community-issued BFE) or Zone AO.
- G3. ☐ The following information (Items G4–G9) is provided for community floodplain management purposes.

G4. Permit Number	G5. Date Permit Issued	G6. Date Certificate Of Compliance/Occupancy Issued
-------------------	------------------------	---

G7. This permit has been issued for: ☐ New Construction ☐ Substantial Improvement

G8. Elevation of as built lowest floor (including basement) of the building: ☐ feet ☐ meters Datum

G9. BFE or (in Zone AO) depth of flooding at the building site: ☐ feet ☐ meters Datum

G10. Community's design flood elevation: ☐ feet ☐ meters Datum

Local Official's Name Title

Community Name Telephone

Signature Date

Comments

☐ Check here if attachments.

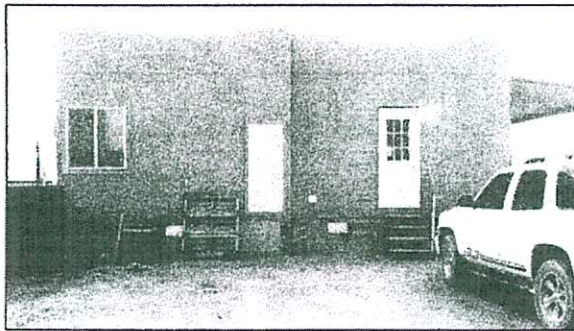
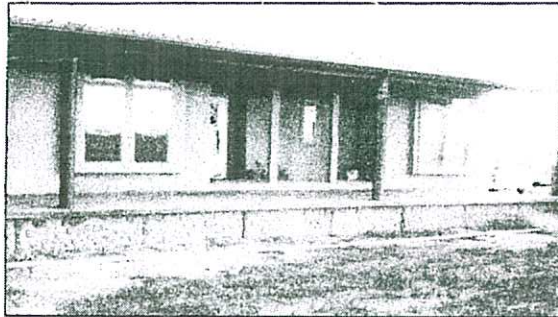
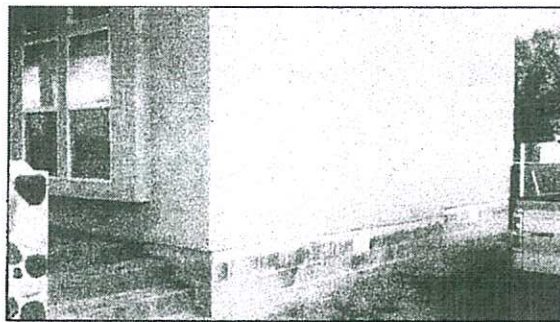
ELEVATION CERTIFICATE, page 3

BUILDING PHOTOGRAPHS

See Instructions for Item A6.

IMPORTANT: In these spaces, copy the corresponding information from Section A.			FOR INSURANCE COMPANY USE	
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. <i>53 MALPAIS ROAD</i>			Policy Number:	
City <i>MILAN</i>	State <i>NM</i>	ZIP Code <i>87021</i>	Company NAIC Number:	

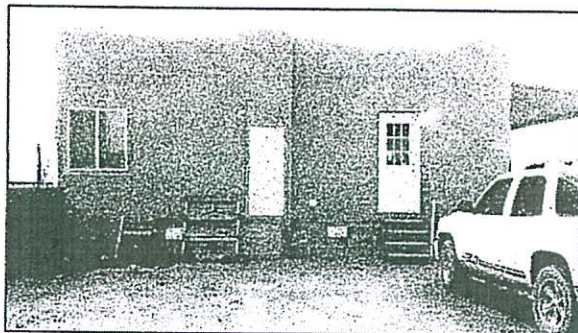
If using the Elevation Certificate to obtain NFIP flood insurance, affix at least 2 building photographs below according to the instructions for Item A6. Identify all photographs with date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8. If submitting more photographs than will fit on this page, use the Continuation Page.

*WEST (SIDE) VIEW**SOUTH (FRONT) VIEW**EAST (SIDE) VIEW*

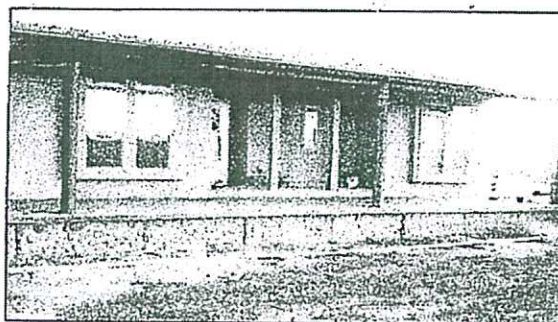
BUILDING PHOTOGRAPHS
 See Instructions for Item A6.

IMPORTANT: In these spaces, copy the corresponding information from Section A.			FOR INSURANCE COMPANY USE	
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. <i>53 MALPAIS ROAD</i>			Policy Number:	
City <i>MILAN</i>	State <i>NM</i>	ZIP Code <i>87021</i>	Company NAIC Number:	

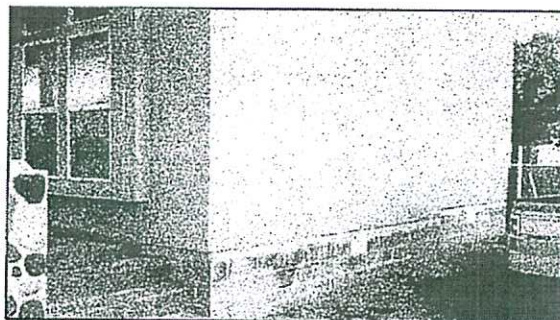
If using the Elevation Certificate to obtain NFIP flood insurance, affix at least 2 building photographs below according to the instructions for Item A6. Identify all photographs with date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8. If submitting more photographs than will fit on this page, use the Continuation Page.



WEST (SIDE) VIEW



SOUTH (FRONT) VIEW



EAST (SIDE) VIEW

NEW
ITEMS
10 b.

Cibola County Commission

Robert J. Armijo, Chairman

Daniel J. Torrez, 1st Vice-Chair

Jack P. Moleres, 2nd Vice-Chair

Robert S. Windhorst, Commissioner

Martha Garcia, Commissioner

Cibola County
700 E. Roosevelt Ave., Suite 50
Grants, New Mexico 87020
Phone (505) 287-9431 – Fax (505) 285-5434



Kate Fletcher
County Manager

Resolution No. 18-37

Fiscal Year 2018
BUDGET ADJUSTMENT No. 7

WHEREAS, the Board of County Commissioners of the County of Cibola is the duly constituted governing body of the County and serves *ex officio* as the County Board of Finance with authority for establishing, monitoring, and adjusting the County's budget; and

WHEREAS, budget adjustments are required to establish correct beginning cash balances; allow for new transfers; to allow for budget increases and decreases to revenues and expenditures to offset any unanticipated revenues and/or expenditures; and to correct amounts when required; and

WHEREAS, the budget adjustments and the associated line items with amounts stated on the attached, *Schedule of Budget Adjustments* is essential.

NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF COUNTY COMMISSIONERS of the COUNTY OF CIBOLA, STATE OF NEW MEXICO, *ex officio* COUNTY BOARD OF FINANCE that the adjustments included in this document are deemed necessary to the operations of the County for the 2018 fiscal year ending June 30, 2018.

PASSED, APPROVED and ADOPTED by the governing body at its regular meeting on the 28th day of June 2018.

THE BOARD OF COUNTY COMMISSIONERS:

Robert J. Armijo, Chairman

Daniel J. Torrez, 1st Vice-Chair

Jack P. Moleres, 2nd Vice-Chair

ATTEST:

Michelle E Dominguez, County Clerk

Robert S. Windhorst, Commissioner

Martha Garcia, Commissioner

Department of Finance and Administration
Local Government Division
Financial Management Bureau
SCHEDULE OF BUDGET ADJUSTMENTS

REVISED 12/08/06

ENTITY NAME: Cibola County
FISCAL YEAR: FY2017-2018 BAR #7
DFA Resolution Number:

Page 1 of 2 Pages

REVISED 12/08/06

ENTITY NAME:
FISCAL YEAR:
DFA Resolution Number:

Cibola County
FY2017-2018 BAR #7

For Local Government Division use only:

Page 1 of 2 Pages

(A) ENTITY RESOLUTION NUMBER	(B) FUND (DFA) County	(C) REVENUE EXPENDITURE TRANSFER (TO or FROM)	(D) APPROVED BUDGET	(E) ADJUSTMENT	(F) ADJUSTED BUDGET	(G) PURPOSE
18-37	(209) 407-018-421-00009	Expense-Office Equip & Supplies	\$700	\$23	\$723	To fix negative account balances
	(209) 407-018-421-00025	Expense-Utilities	\$0	\$6,000	\$6,000	To fix negative account balances
	(209) 407-018-421-00028	Expense-Capital Outlay	\$44,136	(\$6,557)	\$37,579	To fix negative account balances
	(209) 407-018-421-00067	Expense-Prop & Liab. Insurance	\$2,400	\$534	\$2,934	To fix negative account balances
	(209) 418-018-429-00008	Expense-Printing & Publishing	\$200	\$145	\$345	To correct overspending in these accounts
	(209) 418-018-429-00025	Expense-Utilities	\$6,484	\$2,140	\$8,624	To correct overspending in these accounts
	(209) 418-018-429-00067	Expense-Prop & Liab. Insurance	\$3,500	\$1,748	\$5,248	To correct overspending in these accounts
	(209) 418-018-429-00082	Expense-Safety Equipment	\$13,587	(\$8,979)	\$4,608	To correct overspending in these accounts
	(209) 418-018-429-00586	Expense-State Fire Marshal Grant	\$100,000	\$4,946	\$104,946	To correct overspending in these accounts
	(209) 424-018-432-00046	Expense-Janitor Supplies	\$500	(\$500)	\$0	To correct budget
	(209) 424-018-432-00067	Expense-Prop & Liab. Insurance	\$4,000	\$500	\$4,500	To correct budget
	(209) 427-018-464-00025	Expense-Utilities	\$0	\$2,000	\$2,000	To cover non-allocated funds
	(209) 427-018-464-00098	Expense-Training & Staff Develop	\$4,000	(\$2,000)	\$2,000	To cover non-allocated funds
	(225) 500-065-440-00009	Expense-Office Equip & Supplies	\$7,500	\$5,000	\$12,500	Cover budget shortfall
	(225) 500-065-440-00153	Expense-Special Projects	\$2,000	\$5,000	\$7,000	Cover budget shortfall
		Beginning Cash Balance		(\$10,000)	(\$10,000)	Cover budget shortfall
	(206) 412-021-424-00151	Expense-Reversion to State	\$0	\$6,684	\$6,684	Revert Unused EMS Funds to EMS Bureau
	(206) 413-021-425-00151	Expense-Reversion to State	\$0	\$4,630	\$4,630	Revert Unused EMS Funds to EMS Bureau
	(206) 415-021-427-00151	Expense-Reversion to State	\$0	\$16,445	\$16,445	Revert Unused EMS Funds to EMS Bureau
	(206) 425-021-433-00151	Expense-Reversion to State	\$0	\$10,543	\$10,543	Revert Unused EMS Funds to EMS Bureau
	(101) 401-011-499-09565	Transfer-From 565 to 401	\$0	(\$524,482)	(\$524,482)	Create Transfers In/Out to close Fund 565
	(402) 565-094-499-09401	Transfer-From 565 to 401	\$0	\$524,482	\$524,482	Create Transfers In/Out to close Fund 565
	(101) 401-011-499-09566	Transfer-From 566 to 401	\$0	(\$742,400)	(\$742,400)	Create Transfers In/Out to close Fund 566
	(402) 566-000-499-09401	Transfer-From 566 to 401	\$0	\$742,400	\$742,400	Create Transfers In/Out to close Fund 566
	(402) 567-093-448-31800	Expenses-Debt Service - Interest	\$217,531	\$1	\$217,532	Correct Debt Service Interest Expense and Transfers In/Transfers Out
	(402) 567-999-499-09569	Transfer-From 569 to 567	(\$522,531)	(\$1)	(\$522,532)	Correct Debt Service Interest Expense and Transfers In/Transfers Out
	(402) 568-093-449-31800	Expenses-Debt Service - Interest	\$479,056	\$1	\$479,057	Correct Debt Service Interest Expense and Transfers In/Transfers Out
	(402) 568-999-499-09570	Transfer-From 570 to 568	(\$739,056)	(\$1)	(\$739,057)	Correct Debt Service Interest Expense and Transfers In/Transfers Out
	(402) 569-000-499-09567	Transfer-From 569 to 567	\$522,531	\$1	\$522,532	Correct Debt Service Interest Expense and Transfers In/Transfers Out
	(402) 570-000-499-09568	Transfer-From 570 to 568	\$739,056	\$1	\$739,057	Correct Debt Service Interest Expense and Transfers In/Transfers Out
	(402) 569-093-450-26100	Expense-Invest Maint. & Admin Fee	\$34,000	\$10,000	\$44,000	Adjust Budget to be closer to projected year-end actual amount
		PAGE TOTALS	\$919,594	\$48,304	\$967,898	

ATTEST:

Michelle E. Dominguez, County Clerk

Robert J. Armijo, Chairman, Board of County Commissioners

Page 1 of 2 Pages

Page 1 of 2 Pages

(Date)

(Date)

Page 1 of 2 Pages

ATTEST:

Michelle E. Dominguez, County Clerk

(Date)

Robert J. Armijo, Chairman, Board of County Commissioners

(Date)

Department of Finance and Administration
Local Government Division
Financial Management Bureau
SCHEDULE OF BUDGET ADJUSTMENTS

REVISED 12/08/06

ENTITY NAME: Cibola County
FISCAL YEAR: FY2017-2018 BAR #7
DFA Resolution Number:

Page 2 of 2 Pages

REVISED 12/06/05

ENTITY NAME:
FISCAL YEAR:
DFA Resolution Number:

Cibola County
FY2017-2018 BAR #7

For Local Government Division use only:

Page 2 of 2 Pages

(A) ENTITY RESOLUTION NUMBER	(B) FUND (DFA) County	(C) REVENUE EXPENDITURE TRANSFER (TO or FROM)	(D) APPROVED BUDGET	(E) ADJUSTMENT	(F) ADJUSTED BUDGET	(G) PURPOSE
18-37						
	(402) 570-000-499-09401	Transfer-From 570 to 401	\$410,944	\$65,815	\$476,759	Adjust Budget to be closer to projected year-end actual amount
	(101) 401-011-499-09501	Transfer-From 401 to 501	\$74,000	\$16,000	\$90,000	Adjust Budget to be closer to projected year-end actual amount
	(101) 401-012-499-99570	Transfer-From 570 to 401	(\$410,944)	(\$65,815)	(\$476,759)	Adjust Budget to be closer to projected year-end actual amount
	(101) 405-012-499-09503	Transfer-From 405 to 503	\$80,000	\$10,000	\$90,000	Adjust Budget to be closer to projected year-end actual amount
	(101) 405-012-499-09612	Transfer-From 405 to 612	(\$3,500)	\$4,100	\$600	Adjust Budget to be closer to projected year-end actual amount
	(101) 405-012-499-09651	Transfer-From 405 to 651	(\$6,250)	\$4,400	(\$1,850)	Adjust Budget to be closer to projected year-end actual amount
	(101) 405-999-499-99438	Transfer-From 405 to 438	\$10,350	\$2,000	\$12,350	Adjust Budget to be closer to projected year-end actual amount
	(223) 438-999-499-99405	Transfer-From 405 to 438	(\$10,350)	(\$2,000)	(\$12,350)	Adjust Budget to be closer to projected year-end actual amount
	(101) 501-013-499-09401	Transfer-From 401 to 501	(\$74,000)	(\$16,000)	(\$90,000)	Adjust Budget to be closer to projected year-end actual amount
	(218) 503-010-499-09405	Transfer-From 405 to 503	(\$80,000)	(\$10,000)	(\$90,000)	Adjust Budget to be closer to projected year-end actual amount
	(101) 401-011-499-09611	Transfer-From 401 to 611	\$0	\$27,000	\$27,000	Adjust Budget to be closer to projected year-end actual amount
	(218) 611-045-499-00401	Transfer-From 401 to 611	\$0	(\$27,000)	(\$27,000)	Adjust Budget to be closer to projected year-end actual amount
	(218) 612-047-499-09405	Transfer-From 405 to 612	\$3,500	(\$4,100)	(\$600)	Adjust Budget to be closer to projected year-end actual amount
	(300) 651-087-499-09405	Transfer-From 405 to 651	\$6,250	(\$4,400)	\$1,850	Adjust Budget to be closer to projected year-end actual amount
	(226) 614-85-380-30200	Revenue-Care of Prisoners-Other	\$0	\$140,000	\$140,000	Increase Detention Center Revenue and Expense
	(226) 614-85-380-30300	Revenue-Care of Prisoners-NM State	\$0	\$120,000	\$120,000	Increase Detention Center Revenue and Expense
	(226) 614-85-380-30400	Revenue-Care of Prisoners-Federal	\$0	\$110,000	\$110,000	Increase Detention Center Revenue and Expense
	(226) 614-100-457-00067	Expense-Prop & Liab Insurance	\$156,667	\$370,000	\$526,667	Increase Detention Center Revenue and Expense
	(211) 605-42-300-26100	Revenue-Refunds	\$0	\$2,500	\$2,500	Adjust Budget to be closer to projected year-end actual amount
	(211) 605-035-455-00248	Expense-Prot. Clothing/Equipment	\$12,736	\$9,100	\$21,836	Adjust Budget to be closer to projected year-end actual amount
	(206) 412-021-424-00012	Expense-Equip Maint & Repair	\$1,385	(\$1,000)	\$385	Adjust EMS Budgets to cover Reversions to State
	(206) 412-021-424-00082	Expense-Safety Equipment	\$14,065	(\$4,000)	\$10,065	Adjust EMS Budgets to cover Reversions to State
	(206) 413-021-425-00028	Expense-Capital Outlay	\$0	\$24,000	\$24,000	Adjust EMS Budgets to cover Reversions to State
	(206) 413-021-425-00082	Expense-Safety Equipment	\$39,371	(\$29,000)	\$10,371	Adjust EMS Budgets to cover Reversions to State
	(206) 415-021-427-00010	Expense-Mileage & Per Diem	\$3,000	(\$3,000)	\$0	Adjust EMS Budgets to cover Reversions to State
	(206) 415-021-427-00012	Expense-Equip Maint & Repair	\$8,808	(\$8,000)	\$808	Adjust EMS Budgets to cover Reversions to State
	(206) 415-021-427-00082	Expense-Safety Equipment	\$4,000	(\$3,000)	\$1,000	Adjust EMS Budgets to cover Reversions to State
	(206) 425-021-433-00010	Expense-Mileage & Per Diem	\$500	(\$500)	\$0	Adjust EMS Budgets to cover Reversions to State
	(206) 425-021-433-00012	Expense-Equip Maint & Repair	\$1,000	(\$1,000)	\$0	Adjust EMS Budgets to cover Reversions to State
	(206) 425-021-433-00082	Expense-Safety Equipment	\$1,000	(\$1,000)	\$0	Adjust EMS Budgets to cover Reversions to State
	(206) 425-021-433-00098	Expense-Train & Staff Development	\$500	(\$500)	\$0	Adjust EMS Budgets to cover Reversions to State
	(101) 401-011-499-09603	Transfer-From 401 to 603	\$95,000	\$39,000	\$134,000	Create Transfer for Homeland Security Grant
	(299) 603-076-499-09401	Transfer-From 401 to 603	(\$95,000)	(\$39,000)	(\$134,000)	Create Transfer for Homeland Security Grant
		PAGE TOTALS	\$243,032	\$724,600	\$967,632	

ATTEST:

Michelle E. Dominguez, County Clerk

Robert J. Armijo, Chairman, Board of County Commissioners

Page 2 of 2 Pages

Page 2 of 2 Pages

ATTEST:

Michelle E. Dominguez, County Clerk

(Date)

Robert J. Armijo, Chairman, Board of County Commissioners

(Date)

Page 2 of 2 Pages

NEW
ITEMS
10 c.

Northwest New Mexico Regional Solid Waste Authority

101 Red Mesa Bluffs Drive • P.O. Box 1330 • Thoreau, New Mexico 87323

Tel. (505) 905-8400 • Fax: (505) 905-8401

June 1, 2018

This agreement is a Contract by and between the **Northwest New Mexico Regional Solid Waste Authority** and **Cibola County**. This will provide container(s) per site. This will be used for collection and disposal of municipal waste.

This Contract will be effective July 1, 2018 thru June 30, 2019.

Terms are as follow

Haul Fee (per container)	Bluewater	\$100.00
	Cubero	\$225.00
	Pinehill	\$300.00
	San Mateo	\$200.00
	Seboyeta	\$250.00
Tipping Fee (per ton)	Red Rock Landfill	\$35.00
Tipping Fee (per ton)	Cibola/McKinley Transfer Station	\$42.00
Rental Fee (per container)		\$75.00
Overweight Fee		\$150.00

An overweight fee may be charged for loads exceeding the GVW of our ROLL-OFF trucks. Overweight fee will be determined by weight of load.

5% GOVERNMENTAL GROSS RECEIPTS TAX

Container may not be over loaded above the rim and no sharp objects.

Projecting upward or hanging over the sides. Drivers will not adjust any loads. That is the responsibility of the contractor and will be done before the truck arrives. Any issues with this may result in the container being removed.

The container shall remain at the designated location until proper authorization is obtained for relocation. Any damage done to the container, while in this location, is the responsibility of the renter.

We reserve the right to cancel this contract, with a 30 day written notice.

Payment is due the 10th of each month. Failure to make prompt monthly Payments shall result in termination of this contract. If Account is 60 days past due we will remove container.

I/We agree to the terms and conditions set forth by the Authority.

Accepted by

Cibola County
Ph# (505) 287-9431
Acct#2000

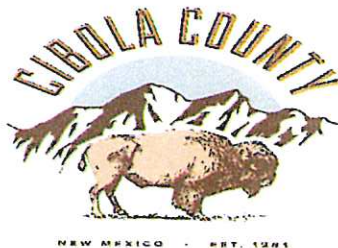
Date

NWNMRSWA

Date

6-1-18

NEW
ITEMS
10 d.



**CIBOLA COUNTY
BOARD OF COUNTY
COMMISSIONERS**

RESOLUTION 18-38

**APPOINTING RONNIE PYNES COUNTY DELEGATE IN EXPLORING LOCATION OF
REFINERY IN CIBOLA COUNTY**

WHEREAS, the Cibola County Board of Commissioners met upon notice of meeting duly published at the Cibola County Administration Building, 700 East Roosevelt, Suite 50, Grants, New Mexico 87020 on June 28, 2018, at 5 p.m. as required by law; and,

WHEREAS, the Cibola County Commission is the duly elected and governing body of the County of Cibola in the State of New Mexico;

WHEREAS, Representative Steve Pearce approached President Donald Trump's administration with a proposal to construct a refinery, which may provide a possible boon to the private economy and state and local finances; and,

WHEREAS, the Board of County Commissioners is interested in acquiring additional information about the potential ramifications, both positive and negative, of siting of a refinery in Cibola County; and,

WHEREAS, Ronny Pynes, a local resident, has expressed his willingness to serve as the County's delegate at no cost to the County, in exploring the location of a refinery in Cibola County.

NOW, THEREFORE, BE IT RESOLVED by the Board of County Commissioners of Cibola County that that the Cibola County Commission does hereby appoint Ronnie Pynes as the County's delegate in the exploration of the siting of a refinery in Cibola County.

NOW, THEREFORE, BE IT FURTHER RESOLVED by the Board of County Commissioners of Cibola County that, with the exception of transmitting information in conjunction with this exploration of siting a refinery in Cibola County, Ronny Pynes has no authority, express or implied, to take any actions on behalf of the County, or to otherwise bind, commit, or obligate the County in any way.

APPROVED, ADOPTED, AND PASSED on this 28th day of June, 2018.

BOARD OF COUNTY COMMISSIONERS

Robert Armijo, Chairman

Daniel Torrez, 1st Vice Chairman

Jack Moleres, 2nd Vice-Chair

Robert Windhorst, Commissioner

Martha Garcia, Commissioner

ATTEST BY:

Michelle E. Dominguez, County Clerk

NEW
ITEMS
10 e.

**DOCUMENTS
STILL IN PROCESS**

NEW
ITEMS
10 f.

Cibola County Commission

Robert J. Armijo, Chairman
Daniel J. Torrez, 1st Vice-Chair
Jack P. Moleres, 2nd Vice-Chair
Robert Windhorst, Commissioner
Martha Garcia, Commissioner

Cibola County
700 E. Roosevelt Ave., Suite 50

Grants, New Mexico 87020
Phone (505) 287-9431 – Fax (505) 285-5434



Kate Fletcher
County Manager

Cibola County
Resolution # 18- 39

- Whereas, the undersigned are the duly elected and qualified members of the governing body of Cibola County; and
- Whereas, the maintenance of County roadways is the responsibility of the Board of the Commissioners; and
- Whereas, the health and safety of their patrons is of the highest priority; and
- Whereas, Cibola County and the New Mexico Department of Transportation have entered into a joint coordinated effort; and
- Whereas, the total cost of the School Bus (SB) project will be \$474,667.00 to be funded in proportional share by the parties hereto as follows:
- a. New Mexico Department of Transportation's share shall be \$356,000.00
 - b. Matching Funding Waived \$118,667.00.
 - c. Cibola County Match is \$0.00
 - d. Total Project Cost is \$474,667.00. Cibola County shall pay all costs which exceed the total amount of \$474,667.00

Now therefore be it resolved in official session that the Board of Commissioners of Cibola County determines, resolves and orders as follows: That the project for this Cooperative agreement SB-7606 (198)19 Control # L600144 is adopted and has a priority standing. The agreement terminates on December 31, 2019 and the Cibola County incorporates all the agreements, covenants and understandings between the parties hereto concerning the subject matter hereof, and all such covenants, agreements and understandings have been merged into the written agreement.

Now, therefore be it resolved by the Cibola County to enter into Cooperative Agreement Project No. SB-7606 (198)19 Control #L600144 with the New Mexico Department of Transportation for LGRF Project for year 2018-2019 to Blade & Shape/Patch/Chip Seal/Fog Seal/Signs & Hardware/Stripe within the control of the Cibola County in City of Grants/Cibola County New Mexico.

Cibola County Commission

Robert J. Armijo, Chairman
Daniel J. Torrez, 1st Vice-Chair
Jack P. Moleres, 2nd Vice-Chair
Robert Windhorst, Commissioner
Martha Garcia, Commissioner

Cibola County
700 E. Roosevelt Ave., Suite 50
Grants, New Mexico 87020
Phone (505) 287-9431 – Fax (505) 285-5434



Kate Fletcher
County Manager

PASSED, APPROVED AND ADOPTED THIS _____ DAY OF _____, 2018.

THE CIBOLA COUNTY BOARD OF COMMISSIONERS

Robert Armijo, Chairman

Daniel Torrez, 1st Vice Chair

Jack Moleres, 2nd Vice Chair

Martha Garcia, Commissioner

Robert Windhorst, Commissioner

Attest:

Michelle E. Dominguez, Cibola County Clerk

18-39

Contract No. _____
Vendor No. 0000047859
Project No. SB-7606(198)19
Control No. L600144

LOCAL GOVERNMENT ROAD FUND COOPERATIVE AGREEMENT

This Agreement is between the **New Mexico Department of Transportation** (Department) and Cibola County (Public Entity). This Agreement is effective as of the date of the last party to sign it on the signature page below.

Pursuant to NMSA 1978, Sections 67-3-28 and 67-3-28.2 and the State Transportation Commission Policy No. 44-12, the parties agree as follows:

1. Purpose.

The purpose of this Agreement is to provide Local Government Road Funds to the Public Entity for the Plan, Design, Pavement Rehabilitation, Reconstruction, Blade & Shape, Misc., as described in Project No. SB-7606(198)19, Control No. L600144, and the Public Entity's resolution attached as **Exhibit C** (Project). The Project is a joint and coordinated effort for which the Department and the Public Entity each have authority or jurisdiction. This Agreement specifies and delineates the rights and duties of the parties.

2. Project Funding.

- a. The estimated total cost for the Project is Four Hundred Seventy-Four Thousand, Six Hundred Sixty-Seven Dollars and Zero Cents (**\$474,667.00**) to be funded in proportional share by the parties as follows:

1. Department's share shall be 75% \$356,000.00

Plan, Design, Pavement Rehabilitation, Reconstruction, Blade & Shape, Misc.

2. The Public Entity's required proportional matching
Share shall be 25% \$118,667.00
For purpose stated above

3. Total Project Cost **\$474,667.00**

- b. The Public Entity shall pay all Project costs, which exceed the total amount of Four Hundred Seventy-Four Thousand, Six Hundred Sixty-Seven Dollars and Zero Cents (**\$474,667.00**).

- c. Any costs incurred by the Public Entity prior to this Agreement are not eligible for reimbursement and are not included in the amount listed in this Section 2.

3. The Department Shall:

Pay project funds as identified in Section 2, Paragraph a1, to the Public Entity in a single lump sum payment after:

- a. Receipt of a Notice of Award and Notice to Proceed; and,
- b. Verification of available Local Government Road Funds and Public Entity's local matching funds identified in Section 2, Paragraph a2.
- c. All required documents must include Department Project and Control Number.

4. The Public Entity Shall:

- a. Act in the capacity of lead agency for the purpose as described in Section 1.
- b. Submit an estimate of the Project, including work to be performed and cost to the District Engineer within thirty (30) days of execution of this Agreement, or as otherwise agreed to in writing by the Parties.
- c. Be solely responsible for all local matching funds identified in Section 2. Certify that these matching funds have been appropriated, budget and approved for expenditure prior to execution of this Agreement.
- d. Pay all costs, perform/supply or contract for labor and material, for the purpose as described in Section 1 and the Project estimate approved by the District Engineer.
- e. Procure and award any contract in accordance with applicable procurement law, rules, regulations and ordinances
- f. Be responsible, for performing or directing the performance, of all pre-construction activities, including, but not limited to, the following:
 1. Utility Certification,
 2. Drainage and storm drain design,
 3. Geotechnical design,
 4. Pavement design,
 5. Environmental and archaeological clearances Certification,
 6. Right of-way acquisition Certification,
 7. Hazardous substance/waste site(s) contamination,
 8. Railroad Certification,
 9. Intelligent Transportation System (ITS) Certification
- g. Cause all designs and plans to be performed under the direct supervision of a Registered New Mexico Professional Engineer, when applicable, as determined by the Department.
- h. Obtain all required written agreements or permits, when applicable, from all public and private entities.
- i. Allow the Department to inspect the Project to determine that the Project is being constructed in accordance with the provisions of this Agreement. Disclosures of any failure to meet such requirements and standards as determined by the Department, will result in termination, for default, including without limitation the Public Entity's costs for funding, labor, equipment and materials.
- j. Complete the project within eighteen (18) months of approval of funding by the State Transportation Commission.
- k. Within thirty (30) days of completion, provide written certification that all work under

this Agreement was performed in accordance with either the New Mexico Department of Transportation's Standard Specification, Current Edition; American Public Works Association (APWA) Specifications; Department approved Public Entity established Specifications; or Department Specifications established for Local Government Road Fund projects, by submitting the **Project Certification of Design, Construction, and Cost form**, which is attached as Exhibit A.

- l. Within thirty (30) days of completion, furnish the Department an **AS BUILT Summary of Costs and Quantities** form, which is attached as Exhibit B. The report should reflect the total cost of project as stated in **Project Certification of Design, Construction, and Cost form**.
- m. Failure to provide the **Project Certification of Design, Construction, and Cost form** and an **AS BUILT Summary of Costs and Quantities** report within thirty (30) days of Project completion will be considered a material breach of this Agreement and Public Entity shall reimburse to the Department all funds disbursed in accordance with this agreement.
- n. Upon completion, maintain all Public Entity facilities that were constructed or reconstructed under this Agreement.

5. Both Parties Agree:

- a. Upon termination of this Agreement any remaining property, materials, or equipment belonging to the Department will be accounted for and disposed of by the Public Entity as directed by the Department.
- b. Any unexpended or unencumbered balance from the Local Government Road Fund appropriated for this Project reverts to the Department. These balances, if any, must be reimbursed to the Department within thirty (30) days of project completion or expiration of this Agreement, whichever occurs first.
- c. This Project is not being incorporated into the State Highway System and the Department is not assuming maintenance responsibility or liability.
- d. Pursuant to NMSA 1978, Section 67-3-28.2, Local Government Road Funds granted under this provision can not be used by the Public Entity to meet a required match under any other program.
- e. That the provisions of the Local Government Road Fund Project Handbook (Current Edition), are incorporated by reference and control the contractual rights and obligations of the parties unless in conflict with the specific terms expressed in this Agreement or any amendments.

6. Term.

This Agreement becomes effective upon signature of all Parties. The effective date is the date when the last party signed the Agreement on the signature page below. This Agreement terminates on December 31, 2019. In the event an extension to the term is needed, the Public Entity shall provide written notice along with detailed justification to the Department sixty (60) days prior to the expiration date to ensure timely processing of an Amendment.

7. Termination.

- a. If the Public Entity fails to comply with any provision of this Agreement, the Department may terminate this Agreement, by providing thirty (30) days written notice.
- b. The Department may terminate this Agreement if the funds identified in Section 2 have not been contractually committed within one year from the effective date of this agreement.
- c. If sufficient appropriations and authorizations are not made by the Legislature, this Agreement may terminate immediately upon written notice of the Department to the Public Entity.
- d. Neither party has any obligation after termination, except as stated in Sections 4n and 5.

8. Third Party Beneficiary.

It is not intended by any of the provisions of any part of this Agreement to create in the public or any member of the public a third party beneficiary or to authorize anyone not a party to the Agreement to maintain a suit(s) for wrongful death(s), bodily and/or personal injury(ies) to person(s), damage(s) to property(ies), and/or any other claim(s) whatsoever pursuant to the provisions of this Agreement.

9. New Mexico Tort Claims Act.

As between the Department and Public Entity, neither party shall be responsible for liability incurred as a result of the other party's acts or omissions in connection with this Agreement. Any liability incurred in connection with this Agreement is subject to the immunities and limitations of the New Mexico Tort Claims Act, NMSA 1978, Sections 41-4-1, *et seq.*

10. Contractors Insurance Requirements.

The Public Entity shall require contractors and subcontractors hired for the Project to have a general liability insurance policy, with limits of liability of at least \$1,000,000 per occurrence. The Department is to be named as an additional insured on the contractors and subcontractor's policy and a certificate of insurance must be provided to the Department and it must state that coverage provided under the policy is primary over any other valid insurance.

To the fullest extent permitted by law, the Public Entity shall require the contractor and subcontractors to defend, indemnify and hold harmless the Department from and against any liability, claims, damages, losses or expenses (including but not limited to attorney's fees, court costs, and the cost of appellate proceedings) arising out of or resulting from the negligence, act, error, or omission of the contractor and subcontractor in the performance of the Project, or anyone directly or indirectly employed by the contractor or anyone for whose acts they are liable in the performance of the Project.

11. Scope of Agreement.

This Agreement incorporates all the agreements, covenants, and understandings between the parties concerning the subject matter. All such covenants, agreements, and understandings have been merged into this written Agreement. No prior Agreement or understandings, verbal or otherwise, of the parties or their agents will be valid or enforceable unless embodied in this Agreement.

12. Terms of this Agreement.

The terms of this Agreement are lawful; performance of all duties and obligations must conform with and not contravene any state, local, or federal statutes, regulations, rules, or ordinances.

13. Legal Compliance.

The Public Entity shall comply with all applicable federal, state, local, and Department laws, regulations and policies in the performance of this Agreement, including, but not limited to laws governing civil right, equal opportunity compliance, environmental issue, workplace safety, employer-employee relations and all other laws governing operations of the workplace. The Public Entity shall include the requirements of this Section 13 in in each contract and subcontract at all tiers.

14. Equal Opportunity Compliance.

The parties agree to abide by all federal and state laws and rules and regulations, and executive orders of the Governor of the State of New Mexico, pertaining to equal employment opportunity. In accordance with all such laws and rules and regulations, and executive orders of the Governor of the State of New Mexico, the parties agree to assure that no person in the United States will, on the grounds of race, color, national origin, ancestry, sex, sexual preference, age or handicap, be excluded from employment with, or participation in, any program or activity performed under this Agreement. If the parties are found to not be in compliance with these requirements during the term of this Agreement, the parties agree to take appropriate steps to correct these deficiencies.

15. Appropriations and Authorizations.

The terms of this Agreement are contingent upon sufficient appropriations and authorizations being made by the governing board of the Public Entity, the Legislature of New Mexico, or the Congress of the United States if federal funds are involved, for performance of the Agreement. If sufficient appropriations and authorizations are not made by the Public Entity, Legislature or the Congress of the United States if federal funds are involved, this Agreement will terminate upon written notice being given by one party to the other. The Department and Public Entity are expressly not committed to expenditure of any funds until such time as they are programmed, budgeted, encumbered, and approved for expenditure.

16. Accountability of Receipts and Disbursements.

There shall be strict accountability for all receipts and disbursements relating to this Agreement. The Public Entity shall maintain all records and documents relative to the Project for a minimum of five years after completion of the Project. The Public Entity shall furnish the Department and State Auditor, upon demand, any and all such records relevant to this Agreement. If an audit finding determines that specific funding was inappropriate or not related to the Project, the Public Entity shall reimburse that portion to the Department within thirty (30) days of written notification. If documentation is insufficient to support an audit by customarily accepted accounting practices, the expense supported by such insufficient documentation must be reimbursed to the Department within thirty (30) days.

17. Severability.

In the event that any portion of this Agreement is determined to be void, unconstitutional or otherwise unenforceable, the remainder of this Agreement will remain in full force and effect.

18. Applicable Law.

The laws of the State of New Mexico shall govern this Agreement, without giving effect to its choice of law provisions. Venue is be proper in a New Mexico Court of competent jurisdiction in accordance with NMSA 1978, Section 38-3-1(G).

19. Amendment.

This Agreement may be altered, modified, or amended by an instrument in writing executed by the parties.

The remainder of this page in intentionally left blank.

In witness whereof, each party is signing this Agreement on the date stated opposite that party's signature.

NEW MEXICO DEPARTMENT OF TRANSPORTATION

By: _____
Cabinet Secretary or Designee

Date: _____

Approved as to form and legal sufficiency by the New Mexico Department of Transportation's Office of General Counsel

By: _____
Assistant General Counsel

Date: _____

Cibola County

By: _____

Date: _____

Title: _____

Attest: _____
Cibola County Clerk

EXHIBIT A
PROJECT CERTIFICATION OF
DESIGN, CONSTRUCTION, AND COST

TO: New Mexico Department of Transportation
District _____ LGRF Coordinator

Cooperative Agreement No. _____ Control No. _____
Joint Powers Agreement No. _____ Control No. _____

Entity: _____

Scope of Work (Including Routes and Termini):

I, the undersigned, in my capacity as _____ of _____
state that:

1. The design is in compliance with all state laws, rules, regulations, and local ordinances and was performed in accordance with the provisions set forth in this Agreement and in the Local Government Road Fund Project Handbook (Current Edition);
2. Construction of the project was performed in accordance with standards and specifications set forth in:

And completed on _____, 20____; and

3. That the total project cost of _____, with New Mexico Department of Transportation 75% share of _____ and the Public Entity share of _____ (as submitted in attached "As Built Summary of Costs and Quantities") is accurate, legitimate, and appropriate for the project.

Name

Date

Print Name

Title

EXHIBIT B
AS BUILT SUMMARY
OF COSTS AND QUANTITIES

ENTITY:	_____	CONTRACT	_____
PROJECT	_____	No.:	_____
No.:	_____	CN:	_____
TERMINI:	_____		

SCOPE OF	_____		
WORK:	_____		

[illegible]

NEW
ITEMS

10 g.

Cibola County Commission

Robert J. Armijo, Chairman
Daniel J. Torrez, 1st Vice-Chair
Jack P. Moleres, 2nd Vice-Chair
Robert Windhorst, Commissioner
Martha Garcia, Commissioner

Cibola County
700 E. Roosevelt Ave., Suite 50
Grants, New Mexico 87020
Phone (505) 287-9431 – Fax (505) 285-5434



Kate Fletcher
County Manager

Cibola County
Resolution # 18- 40

- Whereas, the undersigned are the duly elected and qualified members of the governing body of Cibola County; and
- Whereas, the maintenance of County roadways is the responsibility of the Board of the Commissioners; and
- Whereas, the health and safety of their patrons is of the highest priority; and
- Whereas, Cibola County and the New Mexico Department of Transportation have entered into a joint coordinated effort; and
- Whereas, the total cost of the School Bus (SB) project will be \$284,515 to be funded in proportional share by the parties hereto as follows:
- a. New Mexico Department of Transportation's share shall be \$213,386.00
 - b. Matching Funding Waived \$71,129.00.
 - c. Cibola County Match is \$0.00
 - d. Total Project Cost is \$284,515.00. Cibola County shall pay all costs which exceed the total amount of \$284,515.00

Now therefore be it resolved in official session that the Board of Commissioners of Cibola County determines, resolves and orders as follows: That the project for this Cooperative agreement SP-6-19 (202) Control # L600134 is adopted and has a priority standing. The agreement terminates on December 31, 2019 and the Cibola County incorporates all the agreements, covenants and understandings between the parties hereto concerning the subject matter hereof, and all such covenants, agreements and understandings have been merged into the written agreement.

Now, therefore be it resolved by the Cibola County to enter into Cooperative Agreement Project No. SP-6-19 (202) Control #L600134 with the New Mexico Department of Transportation for LGRF Project for year 2018-2019 to Blade & Shape/Patch/Chip Seal/Fog Seal/Signs & Hardware/Stripe within the control of the Cibola County in City of Grants/Cibola County New Mexico.

Cibola County Commission

Robert J. Armijo, Chairman
Daniel J. Torrez, 1st Vice-Chair
Jack P. Moleres, 2nd Vice-Chair
Robert Windhorst, Commissioner
Martha Garcia, Commissioner

Cibola County
700 E. Roosevelt Ave., Suite 50
Grants, New Mexico 87020
Phone (505) 287-9431 – Fax (505) 285-5434



Kate Fletcher
County Manager

PASSED, APPROVED AND ADOPTED THIS _____ DAY OF _____, 2018.

THE CIBOLA COUNTY BOARD OF COMMISSIONERS

Robert Armijo, Chairman

Daniel Torrez, 1st Vice Chair

Jack Moleres, 2nd Vice Chair

Martha Garcia, Commissioner

Robert Windhorst, Commissioner

Attest:

Michelle E. Dominguez, Cibola County Clerk

Contract No.	_____
Vendor No.	<u>0000047859</u>
Project No.	<u>SP-6-19(202)</u>
Control No.	<u>L600134</u>

LOCAL GOVERNMENT ROAD FUND COOPERATIVE AGREEMENT

This Agreement is between the **New Mexico Department of Transportation** (Department) and Cibola County (Public Entity). This Agreement is effective as of the date of the last party to sign it on the signature page below.

Pursuant to NMSA 1978, Sections 67-3-28 and 67-3-28.2 and the State Transportation Commission Policy No. 44-12, the parties agree as follows:

1. Purpose.

The purpose of this Agreement is to provide Local Government Road Funds to the Public Entity for the Plan, Design, Pavement Rehabilitation, Reconstruction, Blade & Shape, Chipseal, Misc., as described in Project No. SP-6-19(202), Control No. L600134, and the Public Entity's resolution attached as **Exhibit C** (Project). The Project is a joint and coordinated effort for which the Department and the Public Entity each have authority or jurisdiction. This Agreement specifies and delineates the rights and duties of the parties.

2. Project Funding.

- a. The estimated total cost for the Project is Two Hundred Eighty-Four Thousand, Five Hundred Fifteen Dollars and Zero Cents (**\$284,515.00**) to be funded in proportional share by the parties as follows:

1. Department's share shall be 75%	\$213,386.00
------------------------------------	--------------

Plan, Design, Pavement Rehabilitation, Reconstruction, Blade & Shape, Chipseal, Misc.

2. The Public Entity's required proportional matching Share shall be 25%	\$71,129.00
For purpose stated above	

3. Total Project Cost	\$284,515.00
-----------------------	---------------------

- b. The Public Entity shall pay all Project costs, which exceed the total amount of Two Hundred Eighty-Four Thousand, Five Hundred Fifteen Dollars and Zero Cents (**\$284,515.00**).

- c. Any costs incurred by the Public Entity prior to this Agreement are not eligible for reimbursement and are not included in the amount listed in this Section 2.

3. The Department Shall:

Pay project funds as identified in Section 2, Paragraph a1, to the Public Entity in a single lump sum payment after:

- a. Receipt of a Notice of Award and Notice to Proceed; and,
- b. Verification of available Local Government Road Funds and Public Entity's local matching funds identified in Section 2, Paragraph a2.
- c. All required documents must include Department Project and Control Number.

4. The Public Entity Shall:

- a. Act in the capacity of lead agency for the purpose as described in Section 1.
- b. Submit an estimate of the Project, including work to be performed and cost to the District Engineer within thirty (30) days of execution of this Agreement, or as otherwise agreed to in writing by the Parties.
- c. Be solely responsible for all local matching funds identified in Section 2. Certify that these matching funds have been appropriated, budget and approved for expenditure prior to execution of this Agreement.
- d. Pay all costs, perform/supply or contract for labor and material, for the purpose as described in Section 1 and the Project estimate approved by the District Engineer.
- e. Procure and award any contract in accordance with applicable procurement law, rules, regulations and ordinances
- f. Be responsible, for performing or directing the performance, of all pre-construction activities, including, but not limited to, the following:
 - 1. Utility Certification,
 - 2. Drainage and storm drain design,
 - 3. Geotechnical design,
 - 4. Pavement design,
 - 5. Environmental and archaeological clearances Certification,
 - 6. Right of-way acquisition Certification,
 - 7. Hazardous substance/waste site(s) contamination,
 - 8. Railroad Certification,
 - 9. Intelligent Transportation System (ITS) Certification
- g. Cause all designs and plans to be performed under the direct supervision of a Registered New Mexico Professional Engineer, when applicable, as determined by the Department.
- h. Obtain all required written agreements or permits, when applicable, from all public and private entities.
- i. Allow the Department to inspect the Project to determine that the Project is being constructed in accordance with the provisions of this Agreement. Disclosures of any failure to meet such requirements and standards as determined by the Department, will result in termination, for default, including without limitation the Public Entity's costs for funding, labor, equipment and materials.
- j. Complete the project within eighteen (18) months of approval of funding by the State

Transportation Commission.

- k. Within thirty (30) days of completion, provide written certification that all work under this Agreement was performed in accordance with either the New Mexico Department of Transportation's Standard Specification, Current Edition; American Public Works Association (APWA) Specifications; Department approved Public Entity established Specifications; or Department Specifications established for Local Government Road Fund projects, by submitting the **Project Certification of Design, Construction, and Cost form**, which is attached as Exhibit A.
- l. Within thirty (30) days of completion, furnish the Department an **AS BUILT Summary of Costs and Quantities** form, which is attached as Exhibit B. The report should reflect the total cost of project as stated in **Project Certification of Design, Construction, and Cost form**.
- m. Failure to provide the **Project Certification of Design, Construction, and Cost form** and an **AS BUILT Summary of Costs and Quantities** report within thirty (30) days of Project completion will be considered a material breach of this Agreement and Public Entity shall reimburse to the Department all funds disbursed in accordance with this agreement.
- n. Upon completion, maintain all Public Entity facilities that were constructed or reconstructed under this Agreement.

5. Both Parties Agree:

- a. Upon termination of this Agreement any remaining property, materials, or equipment belonging to the Department will be accounted for and disposed of by the Public Entity as directed by the Department.
- b. Any unexpended or unencumbered balance from the Local Government Road Fund appropriated for this Project reverts to the Department. These balances, if any, must be reimbursed to the Department within thirty (30) days of project completion or expiration of this Agreement, whichever occurs first.
- c. This Project is not being incorporated into the State Highway System and the Department is not assuming maintenance responsibility or liability.
- d. Pursuant to NMSA 1978, Section 67-3-28.2, Local Government Road Funds granted under this provision can not be used by the Public Entity to meet a required match under any other program.
- e. That the provisions of the Local Government Road Fund Project Handbook (Current Edition), are incorporated by reference and control the contractual rights and obligations of the parties unless in conflict with the specific terms expressed in this Agreement or any amendments.

6. Term.

This Agreement becomes effective upon signature of all Parties. The effective date is the date when the last party signed the Agreement on the signature page below. This Agreement terminates on December 31, 2019. In the event an extension to the term is needed, the Public Entity shall provide written notice along with detailed justification to the Department sixty (60) days prior to the expiration date to ensure timely processing of an Amendment.

7. Termination.

- a. If the Public Entity fails to comply with any provision of this Agreement, the Department may terminate this Agreement, by providing thirty (30) days written notice.
- b. The Department may terminate this Agreement if the funds identified in Section 2 have not been contractually committed within one year from the effective date of this agreement.
- c. If sufficient appropriations and authorizations are not made by the Legislature, this Agreement may terminate immediately upon written notice of the Department to the Public Entity.
- d. Neither party has any obligation after termination, except as stated in Sections 4n and 5.

8. Third Party Beneficiary.

It is not intended by any of the provisions of any part of this Agreement to create in the public or any member of the public a third party beneficiary or to authorize anyone not a party to the Agreement to maintain a suit(s) for wrongful death(s), bodily and/or personal injury(ies) to person(s), damage(s) to property(ies), and/or any other claim(s) whatsoever pursuant to the provisions of this Agreement.

9. New Mexico Tort Claims Act.

As between the Department and Public Entity, neither party shall be responsible for liability incurred as a result of the other party's acts or omissions in connection with this Agreement. Any liability incurred in connection with this Agreement is subject to the immunities and limitations of the New Mexico Tort Claims Act, NMSA 1978, Sections 41-4-1, *et seq.*

10. Contractors Insurance Requirements.

The Public Entity shall require contractors and subcontractors hired for the Project to have a general liability insurance policy, with limits of liability of at least \$1,000,000 per occurrence. The Department is to be named as an additional insured on the contractors and subcontractor's policy and a certificate of insurance must be provided to the Department and it must state that coverage provided under the policy is primary over any other valid insurance.

To the fullest extent permitted by law, the Public Entity shall require the contractor and subcontractors to defend, indemnify and hold harmless the Department from and against any liability, claims, damages, losses or expenses (including but not limited to attorney's fees, court costs, and the cost of appellate proceedings) arising out of or resulting from the negligence, act, error, or omission of the contractor and subcontractor in the performance of the Project, or anyone directly or indirectly employed by the contractor or anyone for whose acts they are liable in the performance of the Project.

11. Scope of Agreement.

This Agreement incorporates all the agreements, covenants, and understandings between the parties concerning the subject matter. All such covenants, agreements, and understandings have been merged into this written Agreement. No prior Agreement or understandings, verbal or otherwise, of the parties or their agents will be valid or enforceable unless embodied in this Agreement.

12. Terms of this Agreement.

The terms of this Agreement are lawful; performance of all duties and obligations must conform with and not contravene any state, local, or federal statutes, regulations, rules, or ordinances.

13. Legal Compliance.

The Public Entity shall comply with all applicable federal, state, local, and Department laws, regulations and policies in the performance of this Agreement, including, but not limited to laws governing civil right, equal opportunity compliance, environmental issue, workplace safety, employer-employee relations and all other laws governing operations of the workplace. The Public Entity shall include the requirements of this Section 13 in in each contract and subcontract at all tiers.

14. Equal Opportunity Compliance.

The parties agree to abide by all federal and state laws and rules and regulations, and executive orders of the Governor of the State of New Mexico, pertaining to equal employment opportunity. In accordance with all such laws and rules and regulations, and executive orders of the Governor of the State of New Mexico, the parties agree to assure that no person in the United States will, on the grounds of race, color, national origin, ancestry, sex, sexual preference, age or handicap, be excluded from employment with, or participation in, any program or activity performed under this Agreement. If the parties are found to not be in compliance with these requirements during the term of this Agreement, the parties agree to take appropriate steps to correct these deficiencies.

15. Appropriations and Authorizations.

The terms of this Agreement are contingent upon sufficient appropriations and authorizations being made by the governing board of the Public Entity, the Legislature of New Mexico, or the Congress of the United States if federal funds are involved, for performance of the Agreement. If sufficient appropriations and authorizations are not made by the Public Entity, Legislature or the Congress of the United States if federal funds are involved, this Agreement will terminate upon written notice being given by one party to the other. The Department and Public Entity are expressly not committed to expenditure of any funds until such time as they are programmed, budgeted, encumbered, and approved for expenditure.

16. Accountability of Receipts and Disbursements.

There shall be strict accountability for all receipts and disbursements relating to this Agreement. The Public Entity shall maintain all records and documents relative to the Project for a minimum of five years after completion of the Project. The Public Entity shall furnish the Department and State Auditor, upon demand, any and all such records relevant to this Agreement. If an audit finding determines that specific funding was inappropriate or not related to the Project, the Public Entity shall reimburse that portion to the Department within thirty (30) days of written notification. If documentation is insufficient to support an audit by customarily accepted accounting practices, the expense supported by such insufficient documentation must be reimbursed to the Department within thirty (30) days.

17. Severability.

In the event that any portion of this Agreement is determined to be void, unconstitutional or otherwise unenforceable, the remainder of this Agreement will remain in full force and effect.

18. Applicable Law.

The laws of the State of New Mexico shall govern this Agreement, without giving effect to its choice of law provisions. Venue is be proper in a New Mexico Court of competent jurisdiction in accordance with NMSA 1978, Section 38-3-1(G).

19. Amendment.

This Agreement may be altered, modified, or amended by an instrument in writing executed by the parties.

The remainder of this page in intentionally left blank.

In witness whereof, each party is signing this Agreement on the date stated opposite that party's signature.

NEW MEXICO DEPARTMENT OF TRANSPORTATION

By: _____ Date: _____
Cabinet Secretary or Designee

Approved as to form and legal sufficiency by the New Mexico Department of Transportation's Office of General Counsel

By: _____ Date: _____
Assistant General Counsel

Cibola County

By: _____ Date: _____
Title: _____

Attest: _____
Cibola County Clerk

EXHIBIT A
PROJECT CERTIFICATION OF
DESIGN, CONSTRUCTION, AND COST

TO: New Mexico Department of Transportation
District _____ LGRF Coordinator

Cooperative Agreement No. _____ Control No. _____
Joint Powers Agreement No. _____ Control No. _____

Entity: _____

Scope of Work (Including Routes and Termini):

I, the undersigned, in my capacity as _____ of _____
state that:

1. The design is in compliance with all state laws, rules, regulations, and local ordinances and was performed in accordance with the provisions set forth in this Agreement and in the Local Government Road Fund Project Handbook (Current Edition);
2. Construction of the project was performed in accordance with standards and specifications set forth in:

_____ and completed on _____, 20____; and

3. That the total project cost of _____, with New Mexico Department of Transportation 75% share of _____ and the Public Entity share of _____ (as submitted in attached "As Built Summary of Costs and Quantities") is accurate, legitimate, and appropriate for the project.

Name

Date

Print Name

Title

EXHIBIT B
AS BUILT SUMMARY
OF COSTS AND QUANTITIES

ENTITY:		CONTRACT	
PROJECT		No.:	CN:
No.:			
TERMINI:			
SCOPE OF WORK:			

[illegible]

NEW
ITEMS
10 h.

Cibola County Commission

Robert J. Armijo, Chairman
Daniel J. Torrez, 1st Vice-Chair
Jack P. Moleres, 2nd Vice-Chair
Robert Windhorst, Commissioner
Martha Garcia, Commissioner

Cibola County
700 E. Roosevelt Ave., Suite 50

Grants, New Mexico 87020
Phone (505) 287-9431 – Fax (505) 285-5434



Kate Fletcher
County Manager

Cibola County
Resolution # 18- 41

- Whereas, the undersigned are the duly elected and qualified members of the governing body of Cibola County; and
- Whereas, the maintenance of County roadways is the responsibility of the Board of the Commissioners; and
- Whereas, the health and safety of their patrons is of the highest priority; and
- Whereas, Cibola County and the New Mexico Department of Transportation have entered into a joint coordinated effort; and
- Whereas, the total cost of the School Bus (SB) project will be \$214,040.00 to be funded in proportional share by the parties hereto as follows:
- a. New Mexico Department of Transportation's share shall be \$160,530.00
 - b. Matching Funding Waived \$53,510.00.
 - c. Cibola County Match is \$0.00
 - d. Total Project Cost is \$214,040.00. Cibola County shall pay all costs which exceed the total amount of \$214,040.00

Now therefore be it resolved in official session that the Board of Commissioners of Cibola County determines, resolves and orders as follows: That the project for this Cooperative agreement CAP-6-19 (196) Control # L600142 is adopted and has a priority standing. The agreement terminates on December 31, 2019 and the Cibola County incorporates all the agreements, covenants and understandings between the parties hereto concerning the subject matter hereof, and all such covenants, agreements and understandings have been merged into the written agreement.

Now, therefore be it resolved by the Cibola County to enter into Cooperative Agreement Project No. CAP-6-19 (196) Control # L600142 with the New Mexico Department of Transportation for LGRF Project for year 2018-2019 to Blade & Shape/Patch/Chip Seal/Fog Seal/Signs & Hardware/Stripe within the control of the Cibola County in City of Grants/Cibola County New Mexico.

Cibola County Commission

Robert J. Armijo, Chairman
Daniel J. Torrez, 1st Vice-Chair
Jack P. Moleres, 2nd Vice-Chair
Robert Windhorst, Commissioner
Martha Garcia, Commissioner

Cibola County
700 E. Roosevelt Ave., Suite 50
Grants, New Mexico 87020
Phone (505) 287-9431 – Fax (505) 285-5434



Kate Fletcher
County Manager

PASSED, APPROVED AND ADOPTED THIS _____ DAY OF _____, 2018.

THE CIBOLA COUNTY BOARD OF COMMISSIONERS

Robert Armijo, Chairman

Daniel Torrez, 1st Vice Chair

Jack Moleres, 2nd Vice Chair

Martha Garcia, Commissioner

Robert Windhorst, Commissioner

Attest:

Michelle E. Dominguez, Cibola County Clerk

Contract No. _____
Vendor No. 0000047859
Project No. CAP-6-19(196)
Control No. L600142

18-20

LOCAL GOVERNMENT ROAD FUND COOPERATIVE AGREEMENT

This Agreement is between the **New Mexico Department of Transportation** (Department) and Cibola County (Public Entity). This Agreement is effective as of the date of the last party to sign it on the signature page below.

Pursuant to NMSA 1978, Sections 67-3-28 and 67-3-28.2 and the State Transportation Commission Policy No. 44-12, the parties agree as follows:

1. Purpose.

The purpose of this Agreement is to provide Local Government Road Funds to the Public Entity for the Plan, Design, Pavement Rehabilitation, Reconstruction, Blade & Shape, Misc., as described in Project No. CAP-6-19(196), Control No. L600142, and the Public Entity's resolution attached as **Exhibit C** (Project). The Project is a joint and coordinated effort for which the Department and the Public Entity each have authority or jurisdiction. This Agreement specifies and delineates the rights and duties of the parties.

2. Project Funding.

- a. The estimated total cost for the Project is Two Hundred Fourteen Thousand, Forty Dollars and Zero Cents **(\$214,040.00)** to be funded in proportional share by the parties as follows:

1. Department's share shall be 75% \$160,530.00

Plan, Design, Pavement Rehabilitation, Reconstruction, Blade & Shape, Misc.

2. The Public Entity's required proportional matching
Share shall be 25% \$53,510.00
For purpose stated above

3. Total Project Cost **\$214,040.00**

- b. The Public Entity shall pay all Project costs, which exceed the total amount of Two Hundred Fourteen Thousand, Forty Dollars and Zero Cents **(\$214,040.00)**.
- c. Any costs incurred by the Public Entity prior to this Agreement are not eligible for reimbursement and are not included in the amount listed in this Section 2.

3. The Department Shall:

Pay project funds as identified in Section 2, Paragraph a1, to the Public Entity in a single lump sum payment after:

- a. Receipt of a Notice of Award and Notice to Proceed; and,
- b. Verification of available Local Government Road Funds and Public Entity's local matching funds identified in Section 2, Paragraph a2.
- c. All required documents must include Department Project and Control Number.

4. The Public Entity Shall:

- a. Act in the capacity of lead agency for the purpose as described in Section 1.
- b. Submit an estimate of the Project, including work to be performed and cost to the District Engineer within thirty (30) days of execution of this Agreement, or as otherwise agreed to in writing by the Parties.
- c. Be solely responsible for all local matching funds identified in Section 2. Certify that these matching funds have been appropriated, budget and approved for expenditure prior to execution of this Agreement.
- d. Pay all costs, perform/supply or contract for labor and material, for the purpose as described in Section 1 and the Project estimate approved by the District Engineer.
- e. Procure and award any contract in accordance with applicable procurement law, rules, regulations and ordinances
- f. Be responsible, for performing or directing the performance, of all pre-construction activities, including, but not limited to, the following:
 1. Utility Certification,
 2. Drainage and storm drain design,
 3. Geotechnical design,
 4. Pavement design,
 5. Environmental and archaeological clearances Certification,
 6. Right of-way acquisition Certification,
 7. Hazardous substance/waste site(s) contamination,
 8. Railroad Certification,
 9. Intelligent Transportation System (ITS) Certification
- g. Cause all designs and plans to be performed under the direct supervision of a Registered New Mexico Professional Engineer, when applicable, as determined by the Department.
- h. Obtain all required written agreements or permits, when applicable, from all public and private entities.
- i. Allow the Department to inspect the Project to determine that the Project is being constructed in accordance with the provisions of this Agreement. Disclosures of any failure to meet such requirements and standards as determined by the Department, will result in termination, for default, including without limitation the Public Entity's costs for funding, labor, equipment and materials.
- j. Complete the project within eighteen (18) months of approval of funding by the State Transportation Commission.
- k. Within thirty (30) days of completion, provide written certification that all work under this Agreement was performed in accordance with either the New Mexico Department of

Transportation's Standard Specification, Current Edition; American Public Works Association (APWA) Specifications; Department approved Public Entity established Specifications; or Department Specifications established for Local Government Road Fund projects, by submitting the **Project Certification of Design, Construction, and Cost form**, which is attached as Exhibit A.

- l. Within thirty (30) days of completion, furnish the Department an **AS BUILT Summary of Costs and Quantities** form, which is attached as Exhibit B. The report should reflect the total cost of project as stated in **Project Certification of Design, Construction, and Cost form**.
- m. Failure to provide the **Project Certification of Design, Construction, and Cost form** and an **AS BUILT Summary of Costs and Quantities** report within thirty (30) days of Project completion will be considered a material breach of this Agreement and Public Entity shall reimburse to the Department all funds disbursed in accordance with this agreement.
- n. Upon completion, maintain all Public Entity facilities that were constructed or reconstructed under this Agreement.

5. Both Parties Agree:

- a. Upon termination of this Agreement any remaining property, materials, or equipment belonging to the Department will be accounted for and disposed of by the Public Entity as directed by the Department.
- b. Any unexpended or unencumbered balance from the Local Government Road Fund appropriated for this Project reverts to the Department. These balances, if any, must be reimbursed to the Department within thirty (30) days of project completion or expiration of this Agreement, whichever occurs first.
- c. This Project is not being incorporated into the State Highway System and the Department is not assuming maintenance responsibility or liability.
- d. Pursuant to NMSA 1978, Section 67-3-28.2, Local Government Road Funds granted under this provision can not be used by the Public Entity to meet a required match under any other program.
- e. That the provisions of the Local Government Road Fund Project Handbook (Current Edition), are incorporated by reference and control the contractual rights and obligations of the parties unless in conflict with the specific terms expressed in this Agreement or any amendments.

6. Term.

This Agreement becomes effective upon signature of all Parties. The effective date is the date when the last party signed the Agreement on the signature page below. This Agreement terminates on December 31, 2019. In the event an extension to the term is needed, the Public Entity shall provide written notice along with detailed justification to the Department sixty (60) days prior to the expiration date to ensure timely processing of an Amendment.

7. Termination.

- a. If the Public Entity fails to comply with any provision of this Agreement, the Department may terminate this Agreement, by providing thirty (30) days written notice.
- b. The Department may terminate this Agreement if the funds identified in Section 2 have not been contractually committed within one year from the effective date of this agreement.
- c. If sufficient appropriations and authorizations are not made by the Legislature, this Agreement may terminate immediately upon written notice of the Department to the Public Entity.
- d. Neither party has any obligation after termination, except as stated in Sections 4n and 5.

8. Third Party Beneficiary.

It is not intended by any of the provisions of any part of this Agreement to create in the public or any member of the public a third party beneficiary or to authorize anyone not a party to the Agreement to maintain a suit(s) for wrongful death(s), bodily and/or personal injury(ies) to person(s), damage(s) to property(ies), and/or any other claim(s) whatsoever pursuant to the provisions of this Agreement.

9. New Mexico Tort Claims Act.

As between the Department and Public Entity, neither party shall be responsible for liability incurred as a result of the other party's acts or omissions in connection with this Agreement. Any liability incurred in connection with this Agreement is subject to the immunities and limitations of the New Mexico Tort Claims Act, NMSA 1978, Sections 41-4-1, *et seq.*

10. Contractors Insurance Requirements.

The Public Entity shall require contractors and subcontractors hired for the Project to have a general liability insurance policy, with limits of liability of at least \$1,000,000 per occurrence. The Department is to be named as an additional insured on the contractors and subcontractor's policy and a certificate of insurance must be provided to the Department and it must state that coverage provided under the policy is primary over any other valid insurance.

To the fullest extent permitted by law, the Public Entity shall require the contractor and subcontractors to defend, indemnify and hold harmless the Department from and against any liability, claims, damages, losses or expenses (including but not limited to attorney's fees, court costs, and the cost of appellate proceedings) arising out of or resulting from the negligence, act, error, or omission of the contractor and subcontractor in the performance of the Project, or anyone directly or indirectly employed by the contractor or anyone for whose acts they are liable in the performance of the Project.

11. Scope of Agreement.

This Agreement incorporates all the agreements, covenants, and understandings between the parties concerning the subject matter. All such covenants, agreements, and understandings have been merged into this written Agreement. No prior Agreement or understandings, verbal or otherwise, of the parties or their agents will be valid or enforceable unless embodied in this Agreement.

12. Terms of this Agreement.

The terms of this Agreement are lawful; performance of all duties and obligations must conform with and not contravene any state, local, or federal statutes, regulations, rules, or ordinances.

13. Legal Compliance.

The Public Entity shall comply with all applicable federal, state, local, and Department laws, regulations and policies in the performance of this Agreement, including, but not limited to laws governing civil right, equal opportunity compliance, environmental issue, workplace safety, employer-employee relations and all other laws governing operations of the workplace. The Public Entity shall include the requirements of this Section 13 in in each contract and subcontract at all tiers.

14. Equal Opportunity Compliance.

The parties agree to abide by all federal and state laws and rules and regulations, and executive orders of the Governor of the State of New Mexico, pertaining to equal employment opportunity. In accordance with all such laws and rules and regulations, and executive orders of the Governor of the State of New Mexico, the parties agree to assure that no person in the United States will, on the grounds of race, color, national origin, ancestry, sex, sexual preference, age or handicap, be excluded from employment with, or participation in, any program or activity performed under this Agreement. If the parties are found to not be in compliance with these requirements during the term of this Agreement, the parties agree to take appropriate steps to correct these deficiencies.

15. Appropriations and Authorizations.

The terms of this Agreement are contingent upon sufficient appropriations and authorizations being made by the governing board of the Public Entity, the Legislature of New Mexico, or the Congress of the United States if federal funds are involved, for performance of the Agreement. If sufficient appropriations and authorizations are not made by the Public Entity, Legislature or the Congress of the United States if federal funds are involved, this Agreement will terminate upon written notice being given by one party to the other. The Department and Public Entity are expressly not committed to expenditure of any funds until such time as they are programmed, budgeted, encumbered, and approved for expenditure.

16. Accountability of Receipts and Disbursements.

There shall be strict accountability for all receipts and disbursements relating to this Agreement. The Public Entity shall maintain all records and documents relative to the Project for a minimum of five years after completion of the Project. The Public Entity shall furnish the Department and State Auditor, upon demand, any and all such records relevant to this Agreement. If an audit finding determines that specific funding was inappropriate or not related to the Project, the Public Entity shall reimburse that portion to the Department within thirty (30) days of written notification. If documentation is insufficient to support an audit by customarily accepted accounting practices, the expense supported by such insufficient documentation must be reimbursed to the Department within thirty (30) days.

17. Severability.

In the event that any portion of this Agreement is determined to be void, unconstitutional or otherwise unenforceable, the remainder of this Agreement will remain in full force and effect.

18. Applicable Law.

The laws of the State of New Mexico shall govern this Agreement, without giving effect to its choice of law provisions. Venue is be proper in a New Mexico Court of competent jurisdiction in accordance with NMSA 1978, Section 38-3-1(G).

19. Amendment.

This Agreement may be altered, modified, or amended by an instrument in writing executed by the parties.

The remainder of this page in intentionally left blank.

In witness whereof, each party is signing this Agreement on the date stated opposite that party's signature.

NEW MEXICO DEPARTMENT OF TRANSPORTATION

By: _____ Date: _____
Cabinet Secretary or Designee

Approved as to form and legal sufficiency by the New Mexico Department of Transportation's Office of General Counsel

By: _____ Date: _____
Assistant General Counsel

Cibola County

By: _____ Date: _____
Title: _____

Attest: _____
Cibola County Clerk

EXHIBIT A
PROJECT CERTIFICATION OF
DESIGN, CONSTRUCTION, AND COST

TO: New Mexico Department of Transportation
District _____ LGRF Coordinator

Cooperative Agreement No. _____ Control No. _____
Joint Powers Agreement No. _____ Control No. _____

Entity: _____

Scope of Work (Including Routes and Termini):

I, the undersigned, in my capacity as _____ of _____
state that:

1. The design is in compliance with all state laws, rules, regulations, and local ordinances and was performed in accordance with the provisions set forth in this Agreement and in the Local Government Road Fund Project Handbook (Current Edition);
2. Construction of the project was performed in accordance with standards and specifications set forth in:

And completed on _____, 20____; and

3. That the total project cost of _____, with New Mexico Department of Transportation 75% share of _____ and the Public Entity share of _____ (as submitted in attached "As Built Summary of Costs and Quantities") is accurate, legitimate, and appropriate for the project.

Name

Date

Print Name

Title

EXHIBIT B

**AS BUILT SUMMARY
OF COSTS AND QUANTITIES**

ENTITY:	_____	CONTRACT	_____	_____
PROJECT	_____	No.:	_____	CN: _____
No.:	_____			
TERMINI:	_____			

SCOPE OF	_____			
WORK:	_____			

[illegible]

NEW
ITEMS
10 i.



STATE OF NEW MEXICO
DEPARTMENT OF INFORMATION TECHNOLOGY

SUSANA MARTINEZ
Governor

DARRYL ACKLEY
Cabinet Secretary
ESTEVAN LUJAN
Deputy Secretary

June 13, 2018

Mindy Cunningham, PSAP Director
Cibola Regional Communication Center
Cibola County
515 West High Street
Grants, New Mexico 87010

Subject: SFY 2019 E-911 Grant Agreement

Dear Ms. Cunningham:

Attached is an electronic version of the FY (fiscal year) 2019 E-911 grant agreement, which reflects the State Board of Finance approval of funding for FY 2019. Please **print three (3) originals**, have each signed by the County Manager or the County Commission Chair, and return them as soon as possible, preferably before June 30, 2018. Please send them to:

Bill Range
E-911 Program Manager
Department of Information Technology
PO Box 22550
Santa Fe, NM 87502

After the Department of Information Technology (DoIT) signs the originals, we will return one original signed grant agreement to you for your records. Once the grant agreement is fully executed, DoIT can begin making payments for FY2019 expenses.

If you have any questions regarding this matter, please call Bill Range, E-911 Program Manager, at 505-827-4804.

Sincerely,

A handwritten signature in green ink, appearing to read "DSU".

Donna Sandoval, CGFM
Chief Financial Officer
Department of Information Technology

Attachments

STATE OF NEW MEXICO
DEPARTMENT OF FINANCE AND ADMINISTRATION
AND
DEPARTMENT OF INFORMATION TECHNOLOGY

ENHANCED 911 ACT GRANT PROGRAM

GRANT AGREEMENT

Project No. 19-E-40

THIS GRANT AGREEMENT is made between the Department of Finance and Administration ("DFA"), the Department of Information Technology ("DoIT"), the "Department", and the **County of Cibola**, the "Grantee", and collectively referred to as the "Parties".

WHEREAS, this Grant Agreement is made between the State of New Mexico and the Grantee, pursuant to the authority in the Enhanced 911 Act, Sections 63-9D-1 *et seq.* NMSA 1978, ("Act") as amended, and the Enhanced 911 Rules, 10.6.2 NMAC ("Enhanced 911 Requirements" or "E-911 Rules."); and

WHEREAS, DFA and DoIT entered into a Joint Powers Agreement ("JPA") dated May 8, 2018, transferring all 911-related activities from DFA to DoIT, including grant-related activities; and

WHEREAS, an enhanced 911 telephone emergency system is necessary to expand the benefits of the basic 911 emergency telephone number, to achieve a faster response time which minimizes the loss of life and property, provides automatic routing to the appropriate public safety answering point ("PSAP"), provides immediate visual display of the location and telephone number of the caller and curtails abuses of the emergency system by documenting callers; and

WHEREAS, this Grant Agreement funds the Public Safety Answering Point (PSAP) at the County of Cibola, which also provides E-911 related services to Cibola County, as well as E-911 related reimbursements for travel, training, and Geographic Information Systems (GIS) software and hardware; and

WHEREAS, the Grantee and the Department have the authority, pursuant to the Act, NMSA 1978, Sections 63-9D-1 *et seq.*, the E-911 Rules, and the above-mentioned JPA to enter into this Grant Agreement; and

WHEREAS, the Grantee complies with the definition of "Grantee" in 10.6.2.7(HH) NMAC, of the E-911 Rules; and

WHEREAS, the Department has the authority, pursuant to NMSA 1978, Section 63-9D-8 and the above-mentioned JPA, to administer the Enhanced 911 (E-911) fund; and

WHEREAS, on May 15, 2018, the State Board of Finance awarded the Grantee **\$146,991** for enhanced 911 services and equipment.

NOW, THEREFORE, the Parties agree as follows:

ARTICLE I - LENGTH OF GRANT AGREEMENT

- A. Unless terminated pursuant to Article IV, the term of this Grant Agreement will be **July 1, 2018, through June 30, 2019**.
- B. In the event that, due to unusual circumstances, it becomes apparent that this Grant Agreement cannot be brought to full completion within the time period set forth in Paragraph A above, the Grantee shall notify the Department in writing at least thirty (30) days prior to the termination date of this Grant Agreement, for the purpose of allowing the Grantee and the Department to review the work accomplished to date and determine whether there is need or sufficient justification to amend this Grant Agreement and to provide additional time for completing the same. The Department's decision whether or not to extend the term of this Grant Agreement is final and non-appealable.

ARTICLE II – REPORTS

- A. **PSAP Annual Report:** No later than June 30th of each year, the Grantee shall submit to the Department a PSAP Annual Report, in the form attached as Exhibit A, as may be changed from time to time upon the Department's written notice to the Grantee. The PSAP Annual Report will include information described in 10.6.2.11.D NMAC, of the E-911 Rules, and any such other information as the Department may request, in sufficient detail to evaluate the effectiveness of the 911 equipment and services provided by the equipment vendor.
- B. **Federal 911 Resource Center Report:** No later than January 30th of each year, the Grantee shall submit to the Department a Federal 911 Resource Center Report, in the form attached as Exhibit B, as may be changed from time to time upon the Department's written notice to the Grantee.

ARTICLE III - CONSIDERATION AND METHOD OF PAYMENT

- A. In consideration of the Grantee's satisfactory completion of all work, purchase and maintenance of the equipment and services required to be performed in compliance with all the terms and conditions of this Grant Agreement, the Department shall pay the Grantee a sum not to exceed **\$146,991** from the Enhanced 911 fund in accordance with Article III (D). The funds are to be expended in accordance with the approved Revenue/Expenditure Budget (Budget), attached to and incorporated by reference as Exhibit C, and in accordance with 10.6.2.11 NMAC of the E-911 Rules, "PSAP Equipment, Acquisition, and Disbursement of Funds." It is understood and agreed that the Grantee's expenditure of these monies will not deviate from the line items of the Budget without the prior written approval of the Department, and the funds will not be expended for ineligible costs via 10.6.2.11(F) of the E-911 Rules.
- B. The funds mentioned in Paragraph A above will constitute full and complete payment of monies to be received by the Grantee from the Department.
- C. It is understood and agreed that if any portion of the funds set forth in Paragraph A above is not expended for the purpose of this Grant Agreement, after all conditions of this Grant Agreement have been satisfied, the unexpended funds shall be reverted by the Department in accordance with the Act and the E-911 Rules.
- D. Pursuant to NMSA 1978, Section 63-9D-8, as amended, payments will be made from the Enhanced 911 fund to, or on behalf of, participating local governing bodies or their fiscal agents upon vouchers signed by the director of the Department solely for the purpose of reimbursing local governing

bodies or their fiscal agents, commercial mobile radio service providers or telecommunications companies for their costs of providing enhanced 911 service.

- E. Payments may be made by the Department as follows: (1) on behalf of the Grantee to telecommunications companies, vendors and equipment providers; or (2) reimbursements to the Grantee for actual costs or expenditures after the Department receive a completed Request for Payment Form, or an invoice certified correct by the Grantee and/or the Department for the E-911 equipment, equipment maintenance, and upgrades billed by the equipment provider. All purchases made by the Grantee for equipment, equipment maintenance, and upgrades require prior written approval by the Department to be eligible for reimbursement.
- F. Payments will not be made to the Grantee for work, equipment, maintenance or services not specified in this Grant Agreement, or in violation of, or ineligible under the E-911 Rules.

ARTICLE IV - MODIFICATION, TERMINATION AND MERGER

- A. Early Termination. Except as provided in Article IV (D) below, this Grant Agreement may be terminated by either of the Parties upon written notice delivered to the other party at least 30 days prior to the intended date of termination. Except as otherwise allowed or provided under this Grant Agreement, the Department's sole liability upon termination shall be to pay for eligible budget items purchased prior to the Grantee's receipt of the notice of termination and in accordance with this Grant Agreement, if the Department is the terminating party, or upon the Grantee sending a notice of termination, if the Grantee is the terminating party. A notice of termination will not nullify or otherwise affect either party's liability for pre-termination defaults under or breaches of this Grant Agreement. The Grantee shall submit an invoice for such eligible Budget items within 30 days of receiving or sending the notice of termination. This Grant Agreement may be terminated immediately upon written notice to the Grantee if the Grantee becomes unable to or fails to perform the terms of this Agreement, as determined by the Department or if, during the term of this Grant Agreement, the Grantee or any of its officers, employees or agents is indicted for fraud, embezzlement or other crime due to misuse of state funds or due to the Appropriations paragraph. THIS PROVISION IS NOT EXCLUSIVE AND DOES NOT WAIVE THE DEPARTMENT'S OTHER LEGAL RIGHTS AND REMEDIES CAUSED BY THE GRANTEE'S DEFAULT/BREACH OF THIS GRANT AGREEMENT, INCLUDING BUT NOT LIMITED TO, RETURN OF MISSPENT GRANT FUNDS BY THE GRANTEE TO THE DEPARTMENT.
- B. Termination Management. Immediately upon receipt by either the Department or the Grantee of a notice of termination of this Grant Agreement, the Grantee shall: (1) not incur any further obligations for expenditure of funds under this Grant Agreement without written approval of the Department; and (2) comply with all directives issued by the Department in the notice of termination as to the performance under this Grant Agreement.
- C. This Grant Agreement incorporates all agreements, covenants and understandings between the Parties concerning the subject matter of this Grant Agreement and all such agreements, covenants and understandings have been merged into this written Grant Agreement. No prior agreements, covenants, or understandings oral or otherwise, of the Parties or their agents will be valid and enforceable unless embodied in this Grant Agreement.
- D. The terms of this Grant Agreement are contingent upon sufficient appropriations and authorization being made by the Legislature of New Mexico for the performance of the Grant Agreement. If sufficient appropriations and authorizations are not made by the Legislature, the Department may immediately terminate this Grant Agreement, in whole or in part, regardless of any existing legally

binding third-party contracts entered into by or between the Grantee and a third party, by giving the Grantee written notice of such immediate early termination. The Department's decision as to whether sufficient appropriations are available will be final and non-appealable. The Grantee shall include a substantively identical clause in all contracts between it and third parties that are (i) funded in whole or in part by funds made available under this Grant Agreement and (ii) entered into between the effective date of this Grant Agreement and the Termination Date or early termination date.

ARTICLE V - CERTIFICATION

The Grantee assures and certifies that it shall comply with all state and federal laws, the E-911 Rules, and other laws, rules, policies and with respect to the acceptance and use of State funds. Also, the Grantee gives assurances and certifies with respect to the Grant that:

- A. It shall comply with the New Mexico Procurement Code, NMSA 1978, Sections 13-1-28 through 13-1-199.
- B. It shall adhere to all financial and accounting requirements of DFA and of the Department.
- C. It shall comply with all requirements set forth in the Act and prescribed by the Department in the E-911 Rules, or other guidelines and procedures in relation to receipt and use of State Enhanced 911 grant funds.
- D. It shall not at any time use or convert any equipment or property acquired or developed pursuant to this Grant Agreement for other than the uses specified, without the prior written approval of the Department.
- E. It shall comply with NMSA 1978, Section 63-9D-4D and provide GIS addressing and digital mapping data to the PSAP that provides the enhanced 911 service to the Grantee.
- F. It accepts responsibility for coordinating and providing accurately maintained GIS addressing, road centerline, boundary and other data in the service area to the Department per 10.6.2 NMAC. This information will be compliant with the statewide dataset used by the local PSAPs.
- G. It agrees and acknowledges that all GIS data provided to the Department's statewide dataset in support of the E-911 program is public data and will be shared with other governmental agencies.
- H. It shall finance any amount exceeding the approved funding for the 911 equipment costs.
- I. It shall not make any changes in the E-911 system configuration without first submitting a written request to the Department and obtaining the Department's written approval of the proposed change(s).
- J. It shall provide to the Department, documentation of total insurance coverage for all hardware and software and other equipment purchased with E-911 funds. Insurance should, at a minimum, cover non-routine maintenance defects including, but not limited to, all acts of God, floods, fire, lightning strikes and water damage.
- K. It shall provide all the necessary qualified personnel, material, and facilities to run its E-911 PSAP.
- L. It shall submit all project related contracts, subcontracts, and agreements to the Department for administrative review and approval prior to execution for compliance only with the E-911 program

requirements and not for legal sufficiency. Amendments to existing contracts also must be submitted to the Department for review and approval prior to execution.

- M. It shall comply with the PSAP consolidation requirement pursuant to the 10.6.2.15 NMAC of the E-911 Rules.

ARTICLE VI - RETENTION OF RECORDS

The Grantee shall keep and preserve such records as will fully disclose the amount and disposition of the total funds from all sources budgeted for a period of six (6) years from the termination of the Grant Agreement, the purpose of undertaking for which such funds were used, the amount and nature of all contributions from other sources, and such other records as the Department prescribes.

ARTICLE VII – REQUIRED TERMINATION CLAUSE IN CONTRACTS FUNDED IN WHOLE OR PART BY FUNDS MADE AVAILABLE UNDER THIS GRANT AGREEMENT

The Grantee shall include the following or a substantially similar termination clause in all contracts that are (i) funded in whole or in part by funds made available under this Grant Agreement and (ii) entered into after the effective date of this Grant Agreement:

“This contract is funded in whole or in part by funds made available under a Department of Information Technology (Department) Grant Agreement. Should the Department or the [insert name of Grantee] terminate the Grant Agreement, the [insert name of Grantee] may terminate this contract by providing the Contractor written notice of the termination in accordance with the notice provisions in this contract. In the event of termination pursuant to this paragraph, the Grantee’s only liability shall be to pay the Contractor for acceptable goods/equipment and/or services delivered and accepted prior to the termination date.”

ARTICLE VIII - REPRESENTATIVES

- A. The Grantee hereby designates the person listed below as the official Grantee Representative responsible for overall supervision of the approved project:

Name: Mindy Cunningham
Title: PSAP Director, Cibola Regional Communication Center
Address: 515 West High Street
Grants, New Mexico 87020

Phone: 505-287-4404
Fax: 505-876-5485
Email: mcunningham@co.cibola.nm.us

- B. The Department designates the person listed below as its Program Manager, responsible for overall administration of this Grant Agreement, including compliance and monitoring of Grantee:

Name: Bill Range
Title: E-911 Program Manager
Address: Department of Information Technology
715 Alta Vista
P.O Box 22550

Santa Fe, NM 87501

Phone: 505-827-4804
Fax: 505-827-0273
Email: bill.range@state.nm.us

THE REMAINDER OF THIS PAGE IS INTENTIONALLY LEFT BLANK.

IN WITNESS WHEREOF, the Grantee and the Department hereby execute this Grant Agreement.

THIS GRANT AGREEMENT has been approved by:

GRANTEE

Authorized Signatory

Date

(Type or Print Name)

Title, Organization

DEPARTMENT OF INFORMATION TECHNOLOGY

By: _____
Darryl M. Ackley, Cabinet Secretary and State CIO

Date

DEPARTMENT OF FINANCE AND ADMINISTRATION

By: _____
Duffy Rodriguez, Cabinet Secretary

Date

Exhibit A

PSAP Annual Report

PSAP Annual Report Form For: _____

Date of Report: _____

Section	PSAP Input
Section 10.6.2.11 D(8)	
PSAP Name	
Date of PSAP Report	
Exact address of the PSAP (No P. O. boxes)	
Number make and model of E911 and Radio Dispatch positions (if a position is used for both call taking and dispatching, list it as such)	
Type of equipment to include make and model	
Telephone switching equipment	
MIS System	
Mapping server	
Radio System	
UPS (for 911 Equipment)	
Back-up Generator	
Version of E911 operating system software	
Number and type of dedicated/ switched voice/data circuits	
Routing central office and PSAP end office	
Maintenance control center to include name of company, physical address, telephone number, email address, and your point of contact for E911 equipment and voice logging recorder, if different from E911 equipment maintainer	
PSAP manager or coordinator and alternate: contact names, addresses, phone numbers, and their PSAP email address	
MSAG coordinator name, address, phone number, and email address	
GIS representative to include physical address, telephone number, and email address	

Section	PSAP Input
Type and manufacturer of CAD system, if any, and type and manufacturer of voice logging recorder	
Section 10.6.2.11 D(9)	
Each PSAP shall maintain at least one 10-digit administrative number. This number shall also be used to receive incoming emergency calls transferred to the PSAP by other PSAPs for certain alternate and default routing arrangements. The preferred way to transfer an emergency call is via one-button transfer via 911 trunk, but the above method can be used for PSAPs that do not have one-button transfers the above mentioned PSAP.	
Provide the administrative number(s)	
Section 10.6.2.11 D(14)	
The PSAP shall maintain a list of fixed and auto-dial transfer features.	
List of fixed transfers	
List of auto-dial transfers	
Section 10.6.2.11 D(18)	
Special circumstances.	
(a) In accordance with the ADA each PSAP shall establish procedures to handle calls from speech and hearing impaired individuals. <u>Include a copy of your procedures.</u>	
(b) PSAPs shall develop procedures for handling unanswered or silent 911 calls. <u>Include a copy of your procedures.</u>	
Miscellaneous Section	
List the PSAP insurance provider name, POC, and policy numbers as proof of hazard and liability insurance for the PSAP facility	
List any back-up PSAP(s) and attach any MOU(s) documenting agreement(s)	

PSAP Annual Report Continued

9-1-1 PSAP Activity-PSAP Input Here			
	Wireline 9-1-1 Calls	Wireless 9-1-1 Calls	Total 9-1-1 Phone Calls
<i>Jul</i>			
<i>Aug</i>			
<i>Sep</i>			
<i>Oct</i>			
<i>Nov</i>			
<i>Dec</i>			
<i>Jan</i>			
<i>Feb</i>			
<i>Mar</i>			
<i>Apl</i>			
<i>May</i>			
<i>June</i>			
Total			
Month Avg.			
Day Avg.			

Exhibit B

Federal 911 Resource Center Report

Call Types	Annual Total of Calls from January 1 through December 31
Wireline	
Wireless	
Voice over Internet Protocol (VoIP)	
Multiline Telephone System (MLTS)	
Telematics	
Other	
Total of All Call Types	

New Mexico E-911 Program Grant

Exhibit C

Local Government Division

Department of Finance and Administration

Grantee:	County of Cibola	Grant Award:	146,991
Address:	515 West High Street Grants, NM 87020	Project Number:	19-E-40
Telephone:	(505) 285-3810	Grant Period:	July 1, 2018 - June 30, 2019
Number of Funded PSAP Positions:		4	

Budget Line Items	Total Budgeted Amount
Capital	
E-911 Equipment Upgrades	-
Firewall and Router Equipment	-
Dispatch Software	-
Recorder	
UPS/Generator	-
Capital Subtotal	-
Recurring Network/Managed Services	
Voice Network	22,050
Data MPLS Network	43,500
Wireless Cost Recovery	600
Recurring Network/Circuit Subtotal	66,150
Recurring Maintenance	
System Maintenance	62,018
Recurring Maintenance Subtotal	62,018
Services/Training	
911 Related Training	4,000
911 Related GIS	1,000
911 Consulting Services	2,317
GIS Consulting Services	9,756
Interpretive Services	250
Minor Equipment	1,500
Services/Training Subtotal	18,823
TOTAL	146,991

NEW
ITEMS
10 j.



**EMS FUND ACT
LOCAL FUNDING PROGRAM
New Service Application**

Submit To:
EMS Bureau
1301 Siler Bldg. F
Santa Fe, NM 87507
Attn: Ann Martinez
505-476-8233

Applicant:	County of Cibola <i>(County or Municipality serving as Fiscal Agent)</i>			
Mailing Address:	700 E. Roosevelt, Suite 50 <i>(Street/Mailing Address)</i>			
	Grants <i>(City)</i>	NM <i>(State)</i>	87020 <i>(Zip)</i>	<i>(+4)</i>
Contact Person:	Kate Fletcher <i>(Name)</i>		County Manager <i>(Title)</i>	
	<i>(Telephone #)</i>	<i>(Fax Phone #)</i>	<i>(e-mail Address)</i>	

Local Recipient:	Superior Ambulance - Grants <i>(EMS Service that will benefit)</i>			TBD <i>(EMS Service #)</i>
Mailing Address:	PO Box 6482 <i>(Street/Mailing Address)</i>			
	Albuquerque <i>(City)</i>	NM <i>(State)</i>	87197 <i>(Zip)</i>	<i>(+4)</i>
	X 1 2 3	505-836-7926 <i>(Business Phone #)</i>	505-934-8148 <i>(Emergency Phone #)</i>	505-836-7997 <i>(Fax Phone #)</i>
Contact Person:	Scott Wilson <i>(Name)</i>		QA Manager <i>(Title)</i>	swilson@superior-nm.com <i>(e-mail Address)</i>

LICENSED/CERTIFIED EMS PERSONNEL

List all personnel who are currently providing pre-hospital care with your service and identify their state certification or licensure levels, state certification or license numbers, and expiration dates. Also, please indicate the completion date of their emergency vehicle operator's course, if applicable. (Use additional pages as necessary.)

Name	Certification or Licensure Level	Certification or License Number	Certification or License Expiration Date	EVOC Course Date	Paid/Volunteer
See attachment #1					Paid
					Paid
					Paid
					Paid
					Paid
					Paid

GROUND AMBULANCE/MEDICAL RESCUE VEHICLES

Enter the total number of each type of vehicle used by your service.

Type I:	N/A	Type IV:	
Type II:		Medical/Rescue:	
Type III:		Other – Explain:	

List all ambulance/medical rescue units, which are currently used by your service to provide patient transportation or first response. Indicate each vehicle's year, make, model, type (I, II, III, IV), license number, date of manufacture, whether two wheel or four wheel drive, patient capacity for supine patients, and the current mileage. (Use additional pages as necessary.)

Year	Make And Model	Type of Vehicle	License Number	State Assigned Radio Unit Number	Manufacture Date	2WD or 4WD	Patient Capacity	Mileage	Annual Inspection Date
*See	attachment #2								

Type of Service (Check Only One)	Affiliation Type (Mark Primary Affiliation Only)
<input checked="" type="checkbox"/> Certified Ambulance	<input checked="" type="checkbox"/> Private for-profit
<input type="checkbox"/> Medical/Rescue Service	<input type="checkbox"/> Private non-profit
<input type="checkbox"/> Air Ambulance	<input type="checkbox"/> Fire Dept.-based
<input type="checkbox"/> Emergency Medical Dispatch Agency	<input type="checkbox"/> Law Enforcement or Department of Public Safety-based
<input type="checkbox"/> Special Event(s) Coverage	<input type="checkbox"/> Clinic-based
<input type="checkbox"/> Other (Please Specify):	<input type="checkbox"/> Hospital-based
	<input type="checkbox"/> County-based
	<input type="checkbox"/> Municipality-based
	<input type="checkbox"/> Tribal
SCC Certificate/Registration Number: <u>NMPRC8616</u>	Other (Please Specify):

Level of Service? (FR, BLS, ILS, ALS, Critical/Specialty Care)	# of Years In Operation	Estimated Population of Service Area	Total # of EMS Runs For Prior Federal Fiscal Year (10/01/10 to 09/30/11)
ALS	44 years	27,213 (pop. 2015)	

EMS CALLS				Local Receiving Hospital(s)
Received By (Mark One)		Dispatched By (Mark One)		Cibola General Hospital
<input type="checkbox"/> Basic 911	<input type="checkbox"/> Ambulance Service	<input checked="" type="checkbox"/> Central Dispatch		University of NM Hospital
<input type="checkbox"/> Enhanced 911	<input type="checkbox"/> Fire Department	<input type="checkbox"/> Location of Dispatch:		Presbyterian Hospital
<input type="checkbox"/> Local Phone	<input type="checkbox"/> Law Enforcement			Lovelace Medical Center

SERVICE DIRECTOR/CHIEF				
Name:	Chris L. Archuleta		President/CEO	
	(Name)		(Title)	
Address:	PO Box 6482			
	Albuquerque	NM	87197	
	(City)	(State)	(Zip)	(+4)
505-247-8840	N/A	N/A	505-263-9031	Achris7427@aol.com
(Work Phone)	(Home Phone #)	(Pager #)	(Cellular Phone #)	(e-mail Address)
Signature:				

SERVICE MEDICAL DIRECTOR				
Name:	Justin Hazen, MD		Medical Director	MD2004-0125
	(Name)		(Title)	(License #)
Address:	PO Box 6482			
	Albuquerque	NM	87197	
	(City)	(State)	(Zip)	(+4)
505-247-8840	N/A	N/A	505-967-8089	jhazen@superior-nm.com
(Work Phone)	(Home Phone #)	(Pager #)	(Cellular Phone #)	(e-mail Address)
<p><i>*In signing this application I am certifying that I am actively providing medical direction for this EMS Service</i></p>				
*Signature:				

SERVICE TRAINING COORDINATOR				
Name:	Scott Wilson		QA, Training Manager	00011982 Paramedic
	(Name)		(Title)	(License #) (Level)
Address:	PO Box 6482			
	Albuquerque	NM	87197	
	(City)	(State)	(Zip)	(+4)
505-247-8840	N/A	N/A	505-934-8148	swilson@superior-nm.com
(Work Phone)	(Home Phone #)	(Pager #)	(Cellular Phone #)	(e-mail Address)
Signature:				

SERVICE NAME:	Superior Ambulance - Grants
----------------------	-----------------------------

EMS SERVICE FUNDING INFORMATION

Per rules, the minimum distribution of funds is based on the following criteria. Please check each requirement as evidence that your service meets or exceeds the criteria below. (All responses are subject to review and verification).

INFORMATION SYSTEM ANALYSIS

1. Are you currently collecting run data in an electronic format?	<input checked="" type="checkbox"/>	YES	<input type="checkbox"/>	NO
2. does your service use the State program Elite for Data NMEMSTARS?	<input type="checkbox"/>	YES	<input checked="" type="checkbox"/>	NO

SERVICE NAME: Superior Ambulance of Grants/Cibola County

LIST OF ITEMS FOR WHICH FUNDS ARE REQUESTED

Funds may only be utilized to support the cost of supplies and equipment and operational costs other than salaries and benefits for emergency medical personnel. Please round all estimated costs to the nearest \$100.

*Priority (Rank Order)	Description of Items <i>(Please list in appropriate category and provide adequate detail on each priority item)</i>	Estimated Cost (\$)
	Repair and Maintenance:	
	Training:	
	Mileage & Per Diem:	
	Supplies (Items Under \$500):	
1.	Funding would be utilized to assist in off-setting the high cost of primarily disposable medical supplies and legend medications.	\$20,000
	Capital Outlay (Items Over \$500):	
	Other Operational Costs:	
	TOTAL AMOUNT OF REQUEST	\$20,000

*Please do not make all items Priority No. 1.

Use each number only once.

(Use additional sheets if necessary.)

JUSTIFICATION OF TOP PRIORITIES

Please justify your top priorities on this application in accordance with the type and level of service you provide and the resources and capabilities of other EMS services in the area. Why are these your top priorities? (Use additional sheets if necessary.)

Superior Ambulance - Grants will be integrating emergency services into the Grants/Cibola County area as a new operation. With this comes the purchase and stocking of both durable and disposable medical supplies that are a significant cost in starting up an operation. These funds will go toward assisting in off-setting these costs and Make the transition easier by allowing for current funding to be utilized in a more efficient manner with other start-up costs.

SERVICE NAME: Superior Ambulance - Grants

EMS FUND ACT CERTIFICATION BY APPLICANT

STATE OF NEW MEXICO, COUNTY OF Cibola

Pursuant to the Emergency Medical Services Fund Act Program 7.27.4 NMAC, I the undersigned:
(TYPE OR PRINT)

Mayor

OR

Chairman, Board of Commissioners

Municipality

County

Do certify that the information contained in the application is true and correct to the best of my knowledge and information; and that the following specific conditions are satisfactorily met in accordance with the EMS Fund Act Program 7.27.4 NMAC:

- That the funds received will be expended only for the purposes stated in the application and approved by the EMS Bureau.
- That authorization of the chief executive of the incorporated municipality or county is required, on behalf of the local recipient on vouchers issued by the treasurer of the political subdivision.
- That accountability and reporting of these funds shall be in accordance with the requirements set forth by the Local Government Division of the New Mexico Department of Finance and Administration.
- That the funds distributed under the Act will not supplant other funds budgeted and designated for emergency medical service purposes.

Signature of Official Named Above

(Title)

The above was sworn and subscribed to before this _____ day of _____, 20____.

(SEAL)

Notary Public

My commission expires: _____

PERSON COMPLETING FORM

Name:	Scott Wilson		QA, Training Manager	
	<i>(Name)</i>		<i>(Title)</i>	
Address:	PO Box 6482			
	Albuquerque	NM	87197	
	<i>(City)</i>	<i>(State)</i>	<i>(Zip)</i>	<i>(+4)</i>
505-247-8840	N/A	N/A	505-934-8148	swilson@superior-nm.com
<i>(Work Phone)</i>	<i>(Home Phone #)</i>	<i>(Pager #)</i>	<i>(Cellular Phone #)</i>	<i>(E-mail Address)</i>
Signature:	N.R. P. I/c			

FOR BUREAU USE ONLY			
REVIEWER NAME: _____		DATE REVIEWED: _____	
CLEARED: YES NO		RESPONSE DATE: _____	
REVIEWER NAME: _____		DATE REVIEWED: _____	
CLEARED: YES NO		RESPONSE DATE: _____	
BUREAU COMMENTS:			

SERVICE NAME:	Superior Ambulance - Grants
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		Paid (Salaried)	Volunteer*
Trained EMS First Responder	Certified Emergency Medical Dispatcher	No	No
Certified EMS First Responder	Certified Emergency Medical Dispatch Instructor	No	No
Licensed EMT Basic	Licensed Nurse	Yes	No
Licensed EMT Intermediate	Licensed Physician	Yes	No
Licensed EMT Paramedic	Driver	Yes	No
	Other	No	No

Name	EVOC Course Date	Drivers License Number	Other Medical Training
See attachment #1 (con't)			

VEHICLE PREVENTIVE MAINTENANCE PROGRAM

1. Do you have a Vehicle Preventive Maintenance Program in place?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
If "Yes", please attach a copy of your program. See attachment #3				
2. Indicate the frequency of vehicle inspections:	<input checked="" type="checkbox"/>	Daily	<input type="checkbox"/>	Weekly
			<input type="checkbox"/>	Monthly
				<input type="checkbox"/>
				Quarterly

SERVICE NAME:	Superior Ambulance - Grants
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Physical Location of Ambulance/Medical Rescue Facilities				
#1				
Name of Facility:	Superior Ambulance - Grants			
Street Address:	1213 Peel St.			
	Grants	NM	87020	
	(City)	(State)	(Zip)	(+4)
#2				
Name of Facility:				
Street Address:				
	(City)	(State)	(Zip)	(+4)
Attach Additional Sheets If Necessary				

Equipment Inventory Report

SERVICE NAME:	Superior Ambulance - Grants
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On Board Vehicle Equipment:

OPERATIONS PLAN			
Please provide information on the Operations Plan for your service.			
1. Do you have an Operations Plan?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>
2. Are operational and medical protocols included in the Operations Plan?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>
3. What was the effective date of your Operations Plan?	Updated by November of each year		

QUALITY ASSURANCE REVIEW				
1. Do you have an internal quality assurance/improvement mechanism in place?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	<input type="checkbox"/>
If "Yes", please attach description. See attachment #4				
2. Indicate the dates of this year's quality assurance review activities.				
Reviews are conducted:	<input checked="" type="checkbox"/>	Daily	<input type="checkbox"/>	Weekly
			<input type="checkbox"/>	Monthly
				Quarterly
				Annually
DATES OF REVIEW				
DATE	DATE	DATE	DATE	DATE
*Continuous				

Item Description	On Hand	Item Description	On Hand
Dispatch Radio UHF/VHF	1	Spare Tire	Yes
EMSCOM (UHF) Radio	1	Lug Wrench	Yes
EMSCOM Manual	Yes	Tool Box	Yes
EMS Run Report	Electronic	Fire Extinguisher	Yes
On-Board Suction System	Yes	Jack and Handle	Yes
Installed Oxygen System	Yes	Flares/Warning Devices	Yes
Triage Tags for MCI's	Yes	Fuses	Yes
Sharps Container	Yes	EMS Resource Manual	Yes
Vehicle Spotlight		Mutual Aid Guide	Yes
Warning Lights	Yes	Star of Life Displayed	Yes
Siren	Yes	Service Name Displayed	Yes
Flashlight	Yes	Hazmat Guide	Yes
Roof Top Unit Number	Yes	EMS Medical Director's Handbook	Yes

(Recommended)		(Including Medical Protocols)	
		Other: <i>(Specify)</i>	

Extrication Equipment:

Item Description	On Hand	Item Description	On Hand
Air Chisel Set	No	Manual Hydraulic Tool	No
Hay Hooks	No	Jack Hydraulic Tool	Yes
Tool "Come Along"	No	Clothing Protective (Bunker Gear)	No
Bar, Pry	No	Air Bag Set	No
Flashlight	Yes	Bolt Cutters	No
Blankets	Yes	Flood Lights/External	No
Fire Extinguisher	Yes	Heavy Hydraulic Tool	No
Generator	No	Cribbing Blocks	No
Rope	No	Hi-Lift jack	No
Halligan Tool	No	Saw Zall Tool	No
Pneumatic Spreader	No	Fire Axe	No
Rescue Chain	No	Pike Pole	No
Hack Saw	No	Other: <i>(Specify)</i>	No

SERVICE NAME:	Superior Ambulance - Grants
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Patient Handling Equipment:

Item Description	On Hand	Item Description	On Hand
KED or Seated Spinal Immobilization Board	1/unit	Field Stretcher (Scoop, Stokes, Collapsible, Vacuum)	N/A
Long Backboard	2/unit	Sheets	Paper
Backboard Straps (Assorted)	Yes	Blankets	2 sets
Chair Stretcher	Available	Body Bags	N/A
Emesis Basin	2	Pillows	2 ea.
Urinal (Male and Female)	2 ea./gender	Biohazard Waste bags	10
Towels	2 sets	Biohazard Clean-up Supplies	Yes
		Other: <i>(Specify)</i>	

Basic Life Support Medical Equipment:

Item Description	On Hand	Item Description	On Hand
Cervical Immobilization Devices (Headblocks or Blanket Rolls)	2 sets ea.	Pulse Oximeter	1 on monitor
Cervical Collar Set (Rigid) (Adult, Child and Infant)	2 sets ea.	Splints, Extremity (Rigid, Air, Vacuum)	2 sets ea. Size
Bag Valve Mask Devices (Adult, Child and Infant)	1 ea.	Trauma Shears	1 pair
Oral Pharyngeal Airway Set (Sizes 0 – 5, Infant – Adult)	2 sets	Blood Pressure Cuff (Adult, Child and Infant)	1 set mobile
Trauma Dressings	2 sets	Stethoscope	1
Dressings Assorted (4x4, Kerlex, 2x2, etc.)	50, 12	Penlight	1 pkt of 5
Adhesive Tape 1” and 2”	2 boxes ea.	Sterile Water	4 bottles
Sterile Burn Sheets	4 sets	Obstetrical Kit	1 kit
Triangular Bandages	6	Heat Pack	5
Occlusive Dressings	1 box	Cold Pack	5
Multi-Lumen Airways	2 ea.	Sterile Gloves (Assorted Sizes)	1 set OB kit
Activated Charcoal	1 bottle	Latex/Vinyl Gloves (Non-Sterile) (Small, Medium, Large, X-Large)	1 box ea. size
Oral Glucose	1 15G tube	Portable Oxygen Equipment	2 bottles
Acetaminophen	1 bottle	Oxygen Deliver Devices (Nasal Cannulas, Non-Rebreather Masks (Adult, Child and Infant Sizes)	2 sets ea. Size
Aspirin	1 bottle	Glucometer	1
Cold Weather Warming Devices (Blankets, etc.)	2 sets	Semi-Automatic Defibrillator AED Pads	1 monitor
Thermometer (Standard)	1/unit	Auto Ventilatory Devices (ATV/MTV)	1 ea. Unit
Thermometer (Cold Weather)	1	Portable Suction Unit	1 unit ea. Unit
Band-Aids (Assorted Sizes)	1 box	Suction Catheters (Soft & Rigid)	2 ea. type/size
		Other: <i>(Specify)</i>	
SERVICE NAME:		Superior Ambulance - Grants	

Intermediate Life Support Medical Equipment:

Item Description	On Hand	Item Description	On Hand
All BLS Medications	Yes	Alcohol and Betadine Prep Pads	1 box ea.
Albuterol	5 bullets	Syringes (1cc, 3cc, 5cc, 10cc)	6 ea. size
Epinephrine 1:1000, Pre-filled	1 MD vial	Inhalation Therapy Equipment	Yes
Dextrose 50%	2 boxes	Tubing, IV Administration Set (10 gts – 20gts)	5 ea. Set
Naloxone (Narcan)	2 prefilled	Tubing, IV Administration (60gts)	3 sets
Venous Constricting Band	1 box	Needles (Assorted Gauges)	1 box ea. size
IV Catheters (14-24 Ga)	6 ea. size	IV Fluid (Normal Saline, D5W, LR)	6 1K NS bags
IV Catheters (Pediatric Butterfly (19-25 Ga)	6 ea. size	Tubes, Blood Drawing (Assorted Sizes and Types)	No
Buretrol/Volutrol (Pediatric IV Administration Sets)	5	Other: <i>(Specify)</i>	

Advanced Life Support Medical Equipment:

Item Description	On Hand	Item Description	On Hand
Electrode Defib Pads	1 adult, 1 peds	Adenosine	3 boxes
EKG Monitor Pads	6 pkgs x 3 ea.	Albuterol	5 bullets
Pads, Ext. Cardiac Pacing	1 adult, 1 peds	Atropine Sulfate	3 boxes
Infusion Pumps	1	Benzodiazepines (Assorted)	Yes
Scalpels	1	Bretylium Tosylate	No
Manual Cardiac Monitor/Defibrillator/Ext. Pacer	1 monitor	Calcium Preparations	Yes
Chest Decompression Catheters	Yes	50 % Dextrose	Yes
Laryngoscope Handle	1 adult, 1 peds	Diphenhydramine HCL (Benadryl)	Yes
Laryngoscope Blades – Adult	1 set ea. size	Dopamine HCL	Yes
Laryngoscope Blades – Ped.	1 set ea. size	Epinephrine (1:1000 and 1:10,000)	Yes
Endotracheal Tubes (Assorted) (Adult – Ped)	2 sets ea. size	Furosemide (Lasix)	Yes
Magill Forceps	1 adult, 1 peds	Glucagon	Yes
		Lidocaine	Yes
Intraosseous Needles	Yes	Magnesium Sulfate	Yes
End Tidal CO2 Detector	1 ea. monitor	Narcotic Analgesics (Morphine and Demerol)	Yes

Toomey Syringe (60cc)	1	Naloxone (Narcan)	Yes
Cricothyroidotomy Kit	No	Nitroglycerine	Yes
All BLS and ILS Medications	Yes	Sodium Bicarbonate	Yes
Oxytocin	Yes	Topical Anesthetic Ophthalmic Solutions	No
		Other: <i>(Specify)</i>	N/A

Last Name	First Name	Level	License #	Division
Altieri	Broc	Basic	10000374	Superior Ambulance Service, Inc.
Baca	Matthew	Basic	16000159	Superior Ambulance Service, Inc.
Baca	Rick	Basic	17000364	Superior Ambulance Service, Inc.
Barnard Jr	Douglas	Basic	17000021	Superior Ambulance Service, Inc.
Bernard	Benjamin	Basic	17000474	Superior Ambulance Service, Inc.
Berry	Brooklyn	Basic	17000064	Superior Ambulance Service, Inc.
Blog	Aaron	Basic	17000142	Superior Ambulance Service, Inc.
Boyd	Nathaniel	Basic	17000409	Superior Ambulance Service, Inc.
Burgess	Jenna	Basic	16000054	Superior Ambulance Service, Inc.
Chapman	Amanda	Basic	15000612	Superior Ambulance Service, Inc.
Chavez	Drew	Basic	16000314	Superior Ambulance Service, Inc.
Chavez	Joshua	Basic	160000442	Superior Ambulance Service, Inc.
Chavez	Joseph	Basic	16000706	Superior Ambulance Service, Inc.
Claps	Leonard	Basic	17000063	Superior Ambulance Service, Inc.
Clary- Wils	Daniele	Basic	17000357	Superior Ambulance Service, Inc.
Cordova	Audrianna	Basic	12000340	Superior Ambulance Service, Inc.
Daul	Christopher	Basic	13000434	Superior Ambulance Service, Inc.
Desvigne	Desiree	Basic	16000297	Superior Ambulance Service, Inc.
Dodd	Robert	Basic	17000058	Superior Ambulance Service, Inc.
Eleogram	Eden	Basic	17000614	Superior Ambulance Service, Inc.
Esping	Julia	Basic	17000400	Superior Ambulance Service, Inc.
Fastle	Alexis	Basic	17000524	Superior Ambulance Service, Inc.
Freamon	Tatiana	Basic	14000604	Superior Ambulance Service, Inc.
Friedman	Eli	Basic	17000458	Superior Ambulance Service, Inc.
Fuentes	Kari	Basic	15000492	Superior Ambulance Service, Inc.
Gamboa	Santos	Basic	16000434	Superior Ambulance Service, Inc.
Garcia	Jacob	Basic	15000085	Superior Ambulance Service, Inc.
Garcia	Ronald	Basic	17000385	Superior Ambulance Service, Inc.
Gillen	Sarah	Basic	00018090	Superior Ambulance Service, Inc.
Graham	Andrea	Basic	17000328	Superior Ambulance Service, Inc.
Hoggard	John	Basic	10001640	Superior Ambulance Service, Inc.
Jaramillo	Javier	Basic	17000219	Superior Ambulance Service, Inc.
Jones	Buddy	Basic	17000361	Superior Ambulance Service, Inc.
Kelly	Christopher	Basic	15000368	Superior Ambulance Service, Inc.
Kenney	Kevin	Basic	11000322	Superior Ambulance Service, Inc.
Krebbs	Avery	Basic	17000007	Superior Ambulance Service, Inc.
Lee	Cariann	Basic	17000447	Superior Ambulance Service, Inc.
Lovejoy	Mikayla	Basic	16000613	Superior Ambulance Service, Inc.
Mapel	Sierra	Basic	16000646	Superior Ambulance Service, Inc.
Martinez	Monique	Basic	17000475	Superior Ambulance Service, Inc.
McGuire	John	Basic	15000523	Superior Ambulance Service, Inc.
Means	Ashley	Basic	16000489	Superior Ambulance Service, Inc.
Medina	Isaiah	Basic	16000081	Superior Ambulance Service, Inc.
Meeks	Megan	Basic	16000383	Superior Ambulance Service, Inc.
Moore	Jeremy	Basic	17000211	Superior Ambulance Service, Inc.
Morin	Courtney	Basic	15000588	Superior Ambulance Service, Inc.

Moseley	Clayton	Basic	16000581	Superior Ambulance Service, Inc.
Myrick	Nicholas	Basic	17000183	Superior Ambulance Service, Inc.
Nagy	John	Basic	17000479	Superior Ambulance Service, Inc.
Ochoa	Tryston	Basic	17000416	Superior Ambulance Service, Inc.
Padilla	Joshua	Basic	14000644	Superior Ambulance Service, Inc.
Ramos	Edwin	Basic	17000393	Superior Ambulance Service, Inc.
Rodriguez	Skyler	Basic	17000333	Superior Ambulance Service, Inc.
Romo	Angelique	Basic	16000577	Superior Ambulance Service, Inc.
Sanchez	Sarah	Basic	13000451	Superior Ambulance Service, Inc.
Sellers	Bryan	Basic	15000613	Superior Ambulance Service, Inc.
Shure	Jonah	Basic	15000152	Superior Ambulance Service, Inc.
Sotomayor	Jeffery	Basic	14000389	Superior Ambulance Service, Inc.
Steinkamp	Benjamin	Basic	07000945	Superior Ambulance Service, Inc.
Still	Alanna	Basic	17000478	Superior Ambulance Service, Inc.
Stockdale	Leif	Basic	14000503	Superior Ambulance Service, Inc.
Stout	Logan	Basic	17000514	Superior Ambulance Service, Inc.
Thomas	Shylar	Basic	16000624	Superior Ambulance Service, Inc.
Torres	Carey	Basic	17000166	Superior Ambulance Service, Inc.
Torrez	George	Basic	16000406	Superior Ambulance Service, Inc.
Turrietta	Gayle	Basic	16000235	Superior Ambulance Service, Inc.
Valdez	Gerardo	Basic	15000243	Superior Ambulance Service, Inc.
VanDamme	John	Basic	16000474	Superior Ambulance Service, Inc.
Vigil	Margaritte	Basic	17000597	Superior Ambulance Service, Inc.
Ward	Tyler	Basic	17000605	Superior Ambulance Service, Inc.
West	Andrew	Basic	17000428	Superior Ambulance Service, Inc.

Last Name	First Name	Level	License #	Division
Archuleta	Dion	Intermediate	15000375	Superior Ambulance Service, Inc.
Beltran	Eduardo	Intermediate	16000032	Superior Ambulance Service, Inc.
Enriquez	Nicolas	Intermediate	17000149	Superior Ambulance Service, Inc.
Garcia	Monique	Intermediate	14000145	Superior Ambulance Service, Inc.
Kaminski	Donna	Intermediate	06001073	Superior Ambulance Service, Inc.
Mendoza	Carlos	Intermediate	14000564	Superior Ambulance Service, Inc.
Sturchio	Ronald	Intermediate	12000438	Superior Ambulance Service, Inc.

Last Name	First Name	Level	License #	Division
Anderson	Steve	Paramedic	00024862	Superior Ambulance Service, Inc.
Brown	Caleb	Paramedic	14000227	Superior Ambulance Service, Inc.
Certain	James	Paramedic	08001349	Superior Ambulance Service, Inc.
Dominguez	Nelson	Paramedic	16000332	Superior Ambulance Service, Inc.
Garcia	Orlando	Paramedic	00024416	Superior Ambulance Service, Inc.
Gomez	Shayna	Paramedic	09000514	Superior Ambulance Service, Inc.
Larragoite	Sean	Paramedic	11000296	Superior Ambulance Service, Inc.
Padilla	Dominic	Paramedic	12000726	Superior Ambulance Service, Inc.
Payne	Fred	Paramedic	00012792	Superior Ambulance Service, Inc.
Pellegrino	Kris	Paramedic	00010432	Superior Ambulance Service, Inc.
Prescott	Megan	Paramedic	10000587	Superior Ambulance Service, Inc.
Snider	Stephen	Paramedic	00012148	Superior Ambulance Service, Inc.
Vezie	Eugene	Paramedic	00010876	Superior Ambulance Service, Inc.
Wildman	Bethany	Paramedic	16000290	Superior Ambulance Service, Inc.
Williams-	Tiffany	Paramedic	04001470	Superior Ambulance Service, Inc.
Wilson	William	Paramedic	11000986	Superior Ambulance Service, Inc.
Wingate	Nathan	Paramedic	10000063	Superior Ambulance Service, Inc.

Equipment Listing Report

Innovative Maintenance Systems

Superior Ambulance/Albuquerque Ambulances (15)

Equipment	Make, Model	Odometer	Unit #	Serial #	Type	Tag #	Operator
1-3431 - 2006 Ford Ambulance	2006 Ford F-350	211,904	1-3431	1FDSS34P56DB12866	Type 2	14826FLA	
2-3108 - 2009 Ford Ambulance ✓	2009 Ford E-350	297,031	2-3108	1FDSS34P39DA75336	Type 2	17736FLA	
2-3103 - 2009 Ford Ambulance ✓	2009 Ford E-350	316,212	2-3103	1FDSS34P79DA65389	Type 2	17734FLA	
2993 - 2009 Ford Ambulance ✓	2009 Ford E-350	300,016	2993	1FDSS34P59DA65388	Type 2	14682FLA	
2992 - 2009 Ford Ambulance ✓	2009 Ford Ambulance	274,509	2992	1FDSS34P39DA93562	Type 2	14644FLA	
2-3100 - 2009 Ford Ambulance ✓	2009 Ford E-350	283,108	2-3100	1FDSS34P59DA93563	Type 2	14643FLA	
2995 - 2004 FORD Ambulance ✓	2004 FORD E-350	211,686	2995	1FDWE35P24HB12255	Vehicle	14078FLA	
2999 - 2005 FORD van ✓	2005 FORD F-350	148,292	2999	1FDWE35P05HA12530	Vehicle	14960FLA	
2-3101 - 2004 FORD Ambulance ✓	2004 FORD E-350	183,226	2-3101	1FDWE35P94HB12267	Vehicle	17731FLA	
2-3104 - 2008 GMC C45 ✓	2008 GMC C-45	107,260	2-3104	1GDE4V1918F409827	Vehicle	20761FLA	
2-3102 - 2005 FORD	2005 FORD E-350	80,268	2-3102	1FDXE45P15HA52321	Vehicle	21218FLA	
2-3429 - 2006 FORD Ambulance	2006 FORD E-350	108,677	2-3429	1FDWF37P26EA20271	Type 3	18814FLA	
3106 - 2006 Ford E35 ✓	2006 Ford E-350	59,835	3106	1FDWE35P76DA28796	Vehicle	18813FLA	
3109 - 2006 Ford F350 ✓	2006 Ford F350	118,530	3109	1FDWF36P66EA39181	Vehicle	18815FLA	
0000 - 2016 Ford Econoline	2016 Ford Econoline	41	0000	1FDWE3FS1GDC14189	Type 2	23243FLA	

Total equipment listed = 15

(Default)

Task Name	Track?	Priority	Interval (Date)	Fixed Expire (Dates)	Adv. Notify (Days)	Interval (Units)	Fixed Expire (Units)	Adv Notify (Units)
Inspection								
Annual Inspection	Yes	HIGH	365	---	---	50,000	---	---
Check Alternator, Record Load Test	Yes	HIGH	30	---	---	4,000	---	---
Check Antifreeze Level & Protection	Yes	HIGH	30	---	---	4,000	---	---
Check Brake Fluid	Yes	HIGH	30	---	---	4,000	---	---
Check Emergency Lights	Yes	HIGH	30	---	---	4,000	---	---
Check Fire Extinguisher	Yes	HIGH	30	---	---	4,000	---	---
Check Gauge Operation	Yes	HIGH	30	---	---	4,000	---	---
Check Power Steering Fluid / Pump	Yes	HIGH	30	---	---	4,000	---	---
Check Rear Axle Fluid Level	Yes	HIGH	30	---	---	4,000	---	---
Check Seat Belt Operation	Yes	HIGH	30	---	---	4,000	---	---
Check Tire Tread, Record Tread Dep	Yes	HIGH	30	---	---	4,000	---	---
Check Transmission Fluid	Yes	HIGH	30	---	---	4,000	---	---
Check Windshield	Yes	HIGH	30	---	---	4,000	---	---
Check Windshield Washer Fluid	Yes	HIGH	30	---	---	4,000	---	---
Check Windshield Wipers	Yes	HIGH	30	---	---	4,000	---	---
Front Seal, Note Any Leaks	Yes	HIGH	30	---	---	4,000	---	---
Head/Brake/Running Lights	Yes	HIGH	30	---	---	4,000	---	---
Inspect Suspension	Yes	HIGH	30	---	---	4,000	---	---
Inspect Brakes, and Record	Yes	HIGH	30	---	---	4,000	---	---
Inspect Crossmember Bolts	Yes	HIGH	30	---	---	4,000	---	---
Inspect Engine Belts	Yes	HIGH	30	---	---	4,000	---	---
Inspect Exhaust System	Yes	HIGH	30	---	---	4,000	---	---
Inspect Hoses	Yes	HIGH	30	---	---	4,000	---	---
Inspect Interior	Yes	HIGH	30	---	---	4,000	---	---
Inspect Radiator	Yes	HIGH	30	---	---	4,000	---	---
Patient Compartment Lights	Yes	HIGH	30	---	---	4,000	---	---
Primary Battery, Record Load Test	Yes	HIGH	30	---	---	4,000	---	---
Rear Main Seal, Note Any Leaks	Yes	HIGH	30	---	---	4,000	---	---
Second Battery, Record Load Test	Yes	HIGH	30	---	---	4,000	---	---

(Default)

Task Name	Track?	Priority	Interval (Date)	Fixed Expire (Dates)	Adv. Notify (Days)	Interval (Units)	Fixed Expire (Units)	Adv Notify (Units)
Inspection								
Spot Inspection	Yes	HIGH	30	-----	-----	4,000	-----	-----
Tire Pressure, Record Pressure	Yes	HIGH	30	-----	-----	4,000	-----	-----
Valve Cover Gaskets, Note Any Leak	Yes	HIGH	30	-----	-----	4,000	-----	-----
Normal								
Air Condition Service	Yes	HIGH	-----	-----	-----	50,000	-----	-----
Air Filter, Replace	Yes	HIGH	-----	-----	-----	12,000	-----	-----
Brake Fluid Flush	Yes	HIGH	520	-----	-----	30,000	-----	-----
Change Oil and Filter	Yes	HIGH	180	-----	-----	4,000	-----	-----
Change Rear Axle Fluid	Yes	HIGH	-----	-----	-----	40,000	-----	-----
Change Transmission Fluid / Filter	Yes	HIGH	-----	-----	-----	15,000	-----	-----
Change Windshield Wipers	Yes	HIGH	180	-----	-----	-----	-----	-----
Clean Engine	Yes	HIGH	30	-----	-----	4,000	-----	-----
Cooling System Flush	Yes	HIGH	-----	-----	-----	40,000	-----	-----
Engine Belts, Replace	Yes	HIGH	-----	-----	-----	60,000	-----	-----
Fuel Filter, Replace	Yes	HIGH	-----	-----	-----	12,000	-----	-----
Fuel Injectors / Additive	Yes	HIGH	90	-----	-----	8,000	-----	-----
Lube Chassis	Yes	HIGH	90	-----	-----	8,000	-----	-----
Lubricate Door Hinges	Yes	HIGH	30	-----	-----	4,000	-----	-----
Radiator Hoses, Replace	Yes	HIGH	-----	-----	-----	60,000	-----	-----
Rotate Tires	Yes	HIGH	240	-----	-----	8,000	-----	-----
Other								
Detail Exterior	Yes	HIGH	365	-----	-----	70,000	-----	-----
Detail Interior	Yes	HIGH	120	-----	-----	15,000	-----	-----
Wax Exterior	Yes	HIGH	180	-----	-----	40,000	-----	-----

911 systems

Task Name	Track?	Priority	Interval (Date)	Fixed Expire (Dates)	Adv. Notify (Days)	Interval (Units)	Fixed Expire (Units)	Adv Notify (Units)
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Inspection

Task Name	Track?	Priority	Interval (Date)	Fixed Expire (Dates)	Adv. Notify (Days)	Interval (Units)	Fixed Expire (Units)	Adv Notify (Units)
Annual Inspection	Yes	HIGH	365	-----	-----	50,000	-----	-----
Check Alternator, Record Load Test	Yes	HIGH	30	-----	-----	4,000	-----	-----
Check Antifreeze Level & Protection	Yes	HIGH	30	-----	-----	4,000	-----	-----
Check Brake Fluid	Yes	HIGH	30	-----	-----	4,000	-----	-----
Check Emergency Lights	Yes	HIGH	30	-----	-----	4,000	-----	-----
Check Fire Extinguisher	Yes	HIGH	30	-----	-----	4,000	-----	-----
Check Gauge Operation	Yes	HIGH	30	-----	-----	4,000	-----	-----
Check Power Steering Fluid / Pump	Yes	HIGH	30	-----	-----	4,000	-----	-----
Check Rear Axle Fluid Level	Yes	HIGH	30	-----	-----	4,000	-----	-----
Check Seat Belt Operation	Yes	HIGH	30	-----	-----	4,000	-----	-----
Check Tire Tread, Record Tread Dep	Yes	HIGH	30	-----	-----	4,000	-----	-----
Check Transmission Fluid	Yes	HIGH	30	-----	-----	4,000	-----	-----
Check Windshield	Yes	HIGH	30	-----	-----	4,000	-----	-----
Check Windshield Washer Fluid	Yes	HIGH	30	-----	-----	4,000	-----	-----
Check Windshield Wipers	Yes	HIGH	30	-----	-----	4,000	-----	-----
Front Seal, Note Any Leaks	Yes	HIGH	30	-----	-----	4,000	-----	-----
Head/Brake/Running Lights	Yes	HIGH	30	-----	-----	4,000	-----	-----
Inspect Suspension	Yes	HIGH	30	-----	-----	4,000	-----	-----
Inspect Brakes, and Record	Yes	HIGH	30	-----	-----	4,000	-----	-----
Inspect Crossmember Bolts	Yes	HIGH	30	-----	-----	4,000	-----	-----
Inspect Engine Belts	Yes	HIGH	30	-----	-----	4,000	-----	-----
Inspect Exhaust System	Yes	HIGH	30	-----	-----	4,000	-----	-----
Inspect Hoses	Yes	HIGH	30	-----	-----	4,000	-----	-----
Inspect Interior	Yes	HIGH	30	-----	-----	4,000	-----	-----
Inspect Radiator	Yes	HIGH	30	-----	-----	4,000	-----	-----
Patient Compartment Lights	Yes	HIGH	30	-----	-----	4,000	-----	-----
Primary Battery, Record Load Test	Yes	HIGH	30	-----	-----	4,000	-----	-----
Rear Main Seal, Note Any Leaks	Yes	HIGH	30	-----	-----	4,000	-----	-----
Second Battery, Record Load Test	Yes	HIGH	30	-----	-----	4,000	-----	-----
Spot Inspection	Yes	HIGH	30	-----	-----	4,000	-----	-----
Tire Pressure, Record Pressure	Yes	HIGH	30	-----	-----	4,000	-----	-----

911 systems

Task Name

Track? Priority Interval (Date) Fixed Expire (Dates) Adv. Notify (Days) Interval (Units) Fixed Expire (Units) Adv Notify (Units)

Inspection

Valve Cover Gaskets, Note Any Leak Yes

4,000

Normal

Air Condition Service

Yes

50,000

Air Filter, Replace

Yes

12,000

Brake Fluid Flush

Yes

30,000

Change Oil and Filter

Yes

4,000

Change Rear Axle Fluid

Yes

40,000

Change Transmission Fluid / Filter

Yes

15,000

Change Windshield Wipers

Yes

4,000

Clean Engine

Yes

40,000

Cooling System Flush

Yes

60,000

Engine Belts, Replace

Yes

12,000

Fuel Filter, Replace

Yes

8,000

Fuel Injectors / Additive

Yes

8,000

Lube Chassis

Yes

4,000

Lubricate Door Hinges

Yes

60,000

Radiator Hoses, Replace

Yes

8,000

Rotate Tires

Yes

Other

Damage Inspection

Yes

4,000

Decal Inspection

Yes

4,000

Detail Exterior

Yes

70,000

Detail Interior

Yes

15,000

Wax Exterior

Yes

40,000

Fleet Maintenance Schedule

Task Name

Priority

Interval (Date)

Fixed Expire (Dates)

Adv. Notify (Days)

Interval (Units)

Fixed Expire (Units)

Adv Notify (Units)

Fleet Maintenance Schedule

Task Name	Track?	Priority	Interval (Date)	Fixed Expire (Dates)	Adv. Notify (Days)	Interval (Units)	Fixed Expire (Units)	Adv Notify (Units)
Inspection								
Annual Inspection	Yes	HIGH	365	-----	-----	50,000	-----	-----
Check Alternator, Record Load Test	Yes	HIGH	30	-----	-----	4,000	-----	-----
Check Antifreeze Level & Protection	Yes	HIGH	30	-----	-----	4,000	-----	-----
Check Brake Fluid	Yes	HIGH	30	-----	-----	4,000	-----	-----
Check Emergency Lights	Yes	HIGH	30	-----	-----	4,000	-----	-----
Check Fire Extinguisher	Yes	HIGH	30	-----	-----	4,000	-----	-----
Check Gauge Operation	Yes	HIGH	30	-----	-----	4,000	-----	-----
Check Power Steering Fluid / Pump	Yes	HIGH	30	-----	-----	4,000	-----	-----
Check Rear Axle Fluid Level	Yes	HIGH	30	-----	-----	4,000	-----	-----
Check Seat Belt Operation	Yes	HIGH	30	-----	-----	4,000	-----	-----
Check Tire Tread, Record Tread Dep	Yes	HIGH	30	-----	-----	4,000	-----	-----
Check Transmission Fluid	Yes	HIGH	30	-----	-----	4,000	-----	-----
Check Windshield	Yes	HIGH	30	-----	-----	4,000	-----	-----
Check Windshield Washer Fluid	Yes	HIGH	30	-----	-----	4,000	-----	-----
Check Windshield Wipers	Yes	HIGH	30	-----	-----	4,000	-----	-----
Front Seal, Note Any Leaks	Yes	HIGH	30	-----	-----	4,000	-----	-----
Head/Brake/Running Lights	Yes	HIGH	30	-----	-----	4,000	-----	-----
Inspect Suspension	Yes	HIGH	30	-----	-----	4,000	-----	-----
Inspect Brakes, and Record	Yes	HIGH	30	-----	-----	4,000	-----	-----
Inspect Crossmember Bolts	Yes	HIGH	30	-----	-----	4,000	-----	-----
Inspect Engine Belts	Yes	HIGH	30	-----	-----	4,000	-----	-----
Inspect Exhaust System	Yes	HIGH	30	-----	-----	4,000	-----	-----
Inspect Hoses	Yes	HIGH	30	-----	-----	4,000	-----	-----
Inspect Interior	Yes	HIGH	30	-----	-----	4,000	-----	-----
Inspect Radiator	Yes	HIGH	30	-----	-----	4,000	-----	-----
Patient Compartment Lights	Yes	HIGH	30	-----	-----	4,000	-----	-----
Primary Battery, Record Load Test	Yes	HIGH	30	-----	-----	4,000	-----	-----
Rear Main Seal, Note Any Leaks	Yes	HIGH	30	-----	-----	4,000	-----	-----
Second Battery, Record Load Test	Yes	HIGH	30	-----	-----	4,000	-----	-----
Spot Inspection	Yes	HIGH	30	-----	-----	4,000	-----	-----
Tire Pressure, Record Pressure	Yes	HIGH	30	-----	-----	4,000	-----	-----

Fleet Maintenance Schedule

Task Name	Track?	Priority	Interval (Date)	Fixed Expire (Dates)	Adv. Notify (Days)	Interval (Units)	Fixed Expire (Units)	Adv Notify (Units)
Inspection								
Valve Cover Gaskets, Note Any Leak	Yes	HIGH	30	-----	-----	4,000	-----	-----
Normal								
Air Condition Service	Yes	HIGH	-----	-----	-----	50,000	-----	-----
Air Filter, Replace	Yes	HIGH	-----	-----	-----	12,000	-----	-----
Brake Fluid Flush	Yes	HIGH	520	-----	-----	30,000	-----	-----
Change Oil and Filter	Yes	HIGH	60	-----	-----	3,000	-----	-----
Change Rear Axle Fluid	Yes	HIGH	-----	-----	-----	40,000	-----	-----
Change Transmission Fluid / Filter	Yes	HIGH	-----	-----	-----	15,000	-----	-----
Change Windshield Wipers	Yes	HIGH	180	-----	-----	-----	-----	-----
Clean Engine	Yes	HIGH	30	-----	-----	4,000	-----	-----
Cooling System Flush	Yes	HIGH	-----	-----	-----	40,000	-----	-----
Engine Belts, Replace	Yes	HIGH	-----	-----	-----	60,000	-----	-----
Fuel Filter, Replace	Yes	HIGH	-----	-----	-----	12,000	-----	-----
Fuel Injectors / Additive	Yes	HIGH	90	-----	-----	8,000	-----	-----
Lube Chassis	Yes	HIGH	90	-----	-----	8,000	-----	-----
Lubricate Door Hinges	Yes	HIGH	30	-----	-----	4,000	-----	-----
Radiator Hoses, Replace	Yes	HIGH	-----	-----	-----	60,000	-----	-----
Rotate Tires	Yes	HIGH	240	-----	-----	8,000	-----	-----
Other								
Damage inspection	Yes	HIGH	30	-----	-----	4,000	-----	-----
Decal inspection	Yes	HIGH	30	-----	-----	4,000	-----	-----
Detail Exterior	Yes	HIGH	365	-----	-----	70,000	-----	-----
Detail Interior	Yes	HIGH	120	-----	-----	15,000	-----	-----
Wax Exterior	Yes	HIGH	180	-----	-----	40,000	-----	-----
Gas Engines								
Task Name	Track?	Priority	Interval (Date)	Fixed Expire (Dates)	Adv. Notify (Days)	Interval (Units)	Fixed Expire (Units)	Adv Notify (Units)

Gas Engines

Task Name	Track?	Priority	Interval (Date)	Fixed Expire (Dates)	Adv. Notify (Days)	Interval (Units)	Fixed Expire (Units)	Adv Notify (Units)
Inspection								
Annual Inspection	Yes	HIGH	365	-----	-----	50,000	-----	-----
Check Alternator, Record Load Test	Yes	HIGH	30	-----	-----	4,000	-----	-----
Check Antifreeze Level & Protection	Yes	HIGH	30	-----	-----	4,000	-----	-----
Check Brake Fluid	Yes	HIGH	30	-----	-----	4,000	-----	-----
Check Emergency Lights	Yes	HIGH	30	-----	-----	4,000	-----	-----
Check Fire Extinguisher	Yes	HIGH	30	-----	-----	4,000	-----	-----
Check Gauge Operation	Yes	HIGH	30	-----	-----	4,000	-----	-----
Check PCV Valve	Yes	HIGH	30	-----	-----	4,000	-----	-----
Check Power Steering Fluid / Pump	Yes	HIGH	30	-----	-----	4,000	-----	-----
Check Rear Axle Fluid Level	Yes	HIGH	30	-----	-----	4,000	-----	-----
Check Seat Belt Operation	Yes	HIGH	30	-----	-----	4,000	-----	-----
Check Tire Tread, Record Tread Dep	Yes	HIGH	30	-----	-----	4,000	-----	-----
Check Transmission Fluid	Yes	HIGH	30	-----	-----	4,000	-----	-----
Check Windshield	Yes	HIGH	30	-----	-----	4,000	-----	-----
Check Windshield Washer Fluid	Yes	HIGH	30	-----	-----	4,000	-----	-----
Check Windshield Wipers	Yes	HIGH	30	-----	-----	4,000	-----	-----
Front Seal, Note Any Leaks	Yes	HIGH	30	-----	-----	4,000	-----	-----
Fuel Pressure Check / PSI	Yes	HIGH	30	-----	-----	4,000	-----	-----
Head/Brake/Running Lights	Yes	HIGH	30	-----	-----	4,000	-----	-----
Inspect Suspension	Yes	HIGH	30	-----	-----	4,000	-----	-----
Inspect Brakes, and Record	Yes	HIGH	30	-----	-----	4,000	-----	-----
Inspect Crossmember Bolts	Yes	HIGH	30	-----	-----	4,000	-----	-----
Inspect Engine Belts	Yes	HIGH	30	-----	-----	4,000	-----	-----
Inspect Exhaust System	Yes	HIGH	30	-----	-----	4,000	-----	-----
Inspect Hoses	Yes	HIGH	30	-----	-----	4,000	-----	-----
Inspect Interior	Yes	HIGH	30	-----	-----	4,000	-----	-----
Inspect Radiator	Yes	HIGH	30	-----	-----	4,000	-----	-----
Inspect Shock Absorbers	Yes	HIGH	30	-----	-----	4,000	-----	-----
Oxygen Sensor, Check Operation	Yes	HIGH	30	-----	-----	4,000	-----	-----
Patient Compartment Lights	Yes	HIGH	30	-----	-----	4,000	-----	-----
Primary Battery, Record Load Test	Yes	HIGH	30	-----	-----	4,000	-----	-----

Gas Engines

Task Name	Track?	Priority	Interval (Date)	Fixed Expire (Dates)	Adv. Notify (Days)	Interval (Units)	Fixed Expire (Units)	Adv Notify (Units)
Inspection								
Rear Main Seal, Note Any Leaks	Yes	HIGH	30	-----	-----	4,000	-----	-----
Second Battery, Record Load Test	Yes	HIGH	30	-----	-----	4,000	-----	-----
Spot Inspection	Yes	HIGH	30	-----	-----	400,000	-----	-----
Starter, Record AMP Draw	Yes	HIGH	30	-----	-----	4,000	-----	-----
Tire Pressure, Record Pressure	Yes	HIGH	30	-----	-----	4,000	-----	-----
Valve Cover Gaskets, Note Any Leak	Yes	HIGH	30	-----	-----	4,000	-----	-----
Normal								
Air Condition Service	Yes	HIGH	450	-----	-----	50,000	-----	-----
Air Filter, Breather, Replace	Yes	HIGH	240	-----	-----	15,000	-----	-----
Brake Fluid Flush	Yes	HIGH	820	-----	-----	30,000	-----	-----
Change Oil and Filter	Yes	HIGH	180	-----	-----	4,000	-----	-----
Change Rear Axle Fluid	Yes	HIGH	-----	-----	-----	80,000	-----	-----
Change Transmission Fluid / Filter	Yes	HIGH	780	-----	-----	30,000	-----	-----
Change Windshield Wipers	Yes	HIGH	180	-----	-----	-----	-----	-----
Clean Engine	Yes	HIGH	30	-----	-----	4,000	-----	-----
Cooling System Flush	Yes	HIGH	820	-----	-----	30,000	-----	-----
Emissions Test	Yes	HIGH	800	-----	-----	130,000	-----	-----
Engine Belts, Replace	Yes	HIGH	1500	-----	-----	80,000	-----	-----
Engine Tune Up	Yes	HIGH	365	-----	-----	50,000	-----	-----
Fuel Filter, Replace	Yes	HIGH	360	-----	-----	15,000	-----	-----
Fuel Injectors, Cleaner	Yes	HIGH	90	-----	-----	8,000	-----	-----
Fuel Pump, Replace	Yes	HIGH	-----	-----	-----	150,000	-----	-----
Lube Chassis	Yes	HIGH	30	-----	-----	4,000	-----	-----
Lubricate Door Hinges	Yes	HIGH	30	-----	-----	4,000	-----	-----
Radiator Hoses, Replace	Yes	HIGH	-----	-----	-----	80,000	-----	-----
Rotate Tires	Yes	HIGH	-----	-----	-----	8,000	-----	-----
Transmission Rebuild	Yes	HIGH	-----	-----	-----	150,000	-----	-----

Gas Engines

Task Name	Track?	Priority	Interval (Date)	Fixed Expire (Dates)	Adv. Notify (Days)	Interval (Units)	Fixed Expire (Units)	Adv Notify (Units)
Other								
Detail Exterior	Yes	HIGH	365	-----	-----	70,000	-----	-----
Detail Interior	Yes	HIGH	120	-----	-----	15,000	-----	-----
Wax Exterior	Yes	HIGH	180	-----	-----	40,000	-----	-----

Older Diesel Engines

Task Name	Track?	Priority	Interval (Date)	Fixed Expire (Dates)	Adv. Notify (Days)	Interval (Units)	Fixed Expire (Units)	Adv Notify (Units)
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Inspection

Annual Inspection	Yes	HIGH	365				50,000		
Check Alternator, Record Load Test	Yes	HIGH	30				4,000		
Check Antifreeze Level & Protection	Yes	HIGH	30				4,000		
Check Brake Fluid	Yes	HIGH	30				4,000		
Check Emergency Lights	Yes	HIGH	30				4,000		
Check Fire Extinguisher	Yes	HIGH	30				4,000		
Check Gauge Operation	Yes	HIGH	30				4,000		
Check Power Steering Fluid / Pump	Yes	HIGH	30				4,000		
Check Rear Axle Fluid Level	Yes	HIGH	30				4,000		
Check Seat Belt Operation	Yes	HIGH	30				4,000		
Check Tire Tread, Record Tread Dep	Yes	HIGH	30				4,000		
Check Transmission Fluid	Yes	HIGH	30				4,000		
Check Windshield	Yes	HIGH	30				4,000		
Check Windshield Washer Fluid	Yes	HIGH	30				4,000		
Check Windshield Wipers	Yes	HIGH	30				4,000		
Front Seal, Note Any Leaks	Yes	HIGH	30				4,000		
Head/Brake/Running Lights	Yes	HIGH	30				4,000		
Inspect Suspension	Yes	HIGH	30				4,000		
Inspect Brakes, and Record	Yes	HIGH	30				4,000		
Inspect Crossmember Bolts	Yes	HIGH	30				4,000		
Inspect Engine Belts	Yes	HIGH	30				4,000		
Inspect Exhaust System	Yes	HIGH	30				4,000		
Inspect Hoses	Yes	HIGH	30				4,000		
Inspect Interior	Yes	HIGH	30				4,000		
Inspect Radiator	Yes	HIGH	30				4,000		
Patient Compartment Lights	Yes	HIGH	30				4,000		
Primary Battery, Record Load Test	Yes	HIGH	30				4,000		
Rear Main Seal, Note Any Leaks	Yes	HIGH	30				4,000		
Second Battery, Record Load Test	Yes	HIGH	30				4,000		
Spot Check	Yes	HIGH	14				400,000		
Tire Pressure, Record Pressure	Yes	HIGH	30				4,000		

Older Diesel Engines

Task Name Track? Priority Interval (Date) Fixed Expire (Dates) Adv. Notify (Days) Interval (Units) Fixed Expire (Units) Adv Notify (Units)

Inspection

Valve Cover Gaskets, Note Any Leak Yes HIGH 30 ----- ----- ----- 4,000 ----- -----

Normal

Air Condition Service Yes HIGH 450 ----- ----- ----- 50,000 ----- -----

Air Filter, Replace Yes HIGH 240 ----- ----- ----- 15,000 ----- -----

Brake Fluid Flush Yes HIGH 820 ----- ----- ----- 30,000 ----- -----

Change Oil and Filter Yes HIGH 180 ----- ----- ----- 4,000 ----- -----

Change Rear Axle Fluid Yes HIGH ----- ----- ----- ----- 80,000 ----- -----

Change Transmission Fluid / Filter Yes HIGH 780 ----- ----- ----- 30,000 ----- -----

Change Windshield Wipers Yes HIGH 180 ----- ----- ----- 40,000 ----- -----

Clean Engine Yes HIGH 30 ----- ----- ----- 4,000 ----- -----

Cooling System Flush Yes HIGH 1200 ----- ----- ----- 80,000 ----- -----

Engine Belts, Replace Yes HIGH 1500 ----- ----- ----- 80,000 ----- -----

Fuel Filter, Replace Yes HIGH 360 ----- ----- ----- 15,000 ----- -----

Fuel Injectors / Additive Yes HIGH 90 ----- ----- ----- 8,000 ----- -----

Fuel Pump, Replace Yes HIGH ----- ----- ----- ----- 150,000 ----- -----

Lube Chassis Yes HIGH 90 ----- ----- ----- 8,000 ----- -----

Lubricate Door Hinges Yes HIGH 30 ----- ----- ----- 4,000 ----- -----

Oil Pump, Pressure Check Yes HIGH ----- ----- ----- ----- 120,000 ----- -----

Radiator Hoses, Replace Yes HIGH 1500 ----- ----- ----- 80,000 ----- -----

Rotate Tires Yes HIGH 240 ----- ----- ----- 4,000 ----- -----

Transmission Rebuild Yes HIGH ----- ----- ----- ----- 150,000 ----- -----

Other

Detail Exterior Yes HIGH 365 ----- ----- ----- 70,000 ----- -----

Detail Interior Yes HIGH 120 ----- ----- ----- 15,000 ----- -----

Wax Exterior Yes HIGH 180 ----- ----- ----- 40,000 ----- -----

ANNUAL VEHICLE INSPECTION REPORT

VEHICLE HISTORY RECORD	
REPORT NUMBER	FLEET UNIT NUMBER
	3103
DATE 4-4-17	

MOTOR CARRIER OPERATOR <u>S. B. B. Ambulance</u>	INSPECTOR'S NAME (PRINT OR TYPE) <u>TROY GILBERT</u>
ADDRESS <u>7600 Camarillo Ave</u>	THIS INSPECTOR MEETS THE QUALIFICATION REQUIREMENTS IN SECTION 396.19. <u>YES</u>
CITY, STATE, ZIP CODE <u>Acworth, GA 30100</u>	VEHICLE IDENTIFICATION (✓) AND COMPLETE <input type="checkbox"/> LIC. PLATE NO. <input type="checkbox"/> VIN <input type="checkbox"/> OTHER <u>1FDSS39P79DAG5389</u>
VEHICLE TYPE <input type="checkbox"/> TRACTOR <input type="checkbox"/> TRAILER <input type="checkbox"/> TRUCK <input type="checkbox"/> (OTHER)	INSPECTION AGENCY/LOCATION (OPTIONAL)

VEHICLE COMPONENTS INSPECTED											
OK	NEEDS REPAIR	REPAIRED DATE	ITEM	OK	NEEDS REPAIR	REPAIRED DATE	ITEM	OK	NEEDS REPAIR	REPAIRED DATE	ITEM
✓			1. BRAKE SYSTEM	✓			4. FUEL SYSTEM	✓			9. FRAME
✓			a. Service Brakes	✓			a. Visible leak	✓			a. Frame Members
✓			b. Parking Brake System	✓			b. Fuel tank filler cap missing	✓			b. Tire and Wheel Clearance
✓			c. Brake Drums or Rotors	✓			c. Fuel tank securely attached	✓			c. Adjustable Axle Assemblies (Sliding Subframes)
✓			d. Brake Hose								
✓			e. Brake Tubing				5. LIGHTING DEVICES				10. TIRES
✓			f. Low Pressure Warning Device	✓			All lighting devices and reflectors required by Section 393 shall be operable.	✓			a. Tires on any steering axle of a power unit.
✓			g. Tractor Protection Valve					✓			b. All other tires.
✓			h. Air Compressor				6. SAFE LOADING	✓			11. WHEELS AND RIMS
✓			i. Electric Brakes	✓			a. Part(s) of vehicle or condition of loading such that the spare tire or any part of the load or dunnage can fall onto the roadway.	✓			a. Lock or Side Ring
✓			j. Hydraulic Brakes				b. Protection against shifting cargo	✓			b. Wheels and Rims
✓			k. Vacuum Systems					✓			c. Fasteners
			2. COUPLING DEVICES				7. STEERING MECHANISM	✓			d. Welds
			a. Fifth Wheels				a. Steering Wheel Free Play				12. WINDSHIELD GLAZING
			b. Pintle Hooks				b. Steering Column				Requirements and exceptions as stated pertaining to any crack, discoloration or vision reducing matter (reference 393.60 for exceptions)
			c. Drawbar/Towbar Eye				c. Front Axle Beam and All Steering Components Other Than Steering Column				13. WINDSHIELD WIPERS
			d. Drawbar/Towbar Tongue				d. Steering Gear Box				Any power unit that has an inoperative wiper, or missing or damaged parts that render it ineffective.
			e. Safety Devices				e. Pitman Arm				
			f. Saddle-Mounts				f. Power Steering				
			3. EXHAUST SYSTEM				g. Ball and Socket Joints				
			a. Any exhaust system determined to be leaking at a point forward of or directly below the driver/sleeper compartment.				h. Tie Rods and Drag Links				
			b. A bus exhaust system leaking or discharging to the atmosphere in violation of standards (1), (2) or (3).				i. Nuts				
			c. No part of the exhaust system of any motor vehicle shall be so located as would be likely to result in burning, charring, or damaging the electrical wiring, the fuel supply, or any combustible part of the motor vehicle.				j. Steering System				
							8. SUSPENSION				
							a. Any U-bolt(s), spring hanger(s), or other axle positioning part(s) cracked, broken, loose or missing resulting in shifting of an axle from its normal position.				
							b. Spring Assembly				
							c. Torque, Radius or Tracking Components.				

INSTRUCTIONS: MARK COLUMN ENTRIES TO VERIFY INSPECTION: X OK, X NEEDS REPAIR, NA IF ITEMS DO NOT APPLY, REPAIRED DATE

CERTIFICATION: THIS VEHICLE HAS PASSED ALL THE INSPECTION ITEMS FOR THE ANNUAL VEHICLE INSPECTION REPORT IN ACCORDANCE WITH 49 CFR 396.

ANNUAL VEHICLE INSPECTION REPORT

VEHICLE HISTORY RECORD	
REPORT NUMBER	FLEET UNIT NUMBER
	3104
DATE 3-5-17	

MOTOR CARRIER OPERATOR <u>Scotiok Ann Balance</u>	INSPECTOR'S NAME (PRINT OR TYPE) <u>TRIST G. BORT</u>
ADDRESS <u>7600 LA Motada Ave NW</u>	THIS INSPECTOR MEETS THE QUALIFICATION REQUIREMENTS IN SECTION 396.19. <u>YES</u>
CITY, STATE, ZIP CODE <u>AC BURGESS NM 87120</u>	VEHICLE IDENTIFICATION (✓) AND COMPLETE <input type="checkbox"/> LIC. PLATE NO. <input type="checkbox"/> VIN <input type="checkbox"/> OTHER <u>1GDE4V1918F409827</u>
VEHICLE TYPE <input type="checkbox"/> TRACTOR <input type="checkbox"/> TRAILER <input type="checkbox"/> TRUCK <input type="checkbox"/> (OTHER)	INSPECTION AGENCY/LOCATION (OPTIONAL)

VEHICLE COMPONENTS INSPECTED											
OK	NEEDS REPAIR	REPAIRED DATE	ITEM	OK	NEEDS REPAIR	REPAIRED DATE	ITEM	OK	NEEDS REPAIR	REPAIRED DATE	ITEM
X			1. BRAKE SYSTEM	X			4. FUEL SYSTEM	X			9. FRAME
X			a. Service Brakes	X			a. Visible leak	X			a. Frame Members
X			b. Parking Brake System	X			b. Fuel tank filler cap missing	X			b. Tire and Wheel Clearance
X			c. Brake Drums or Rotors	X			c. Fuel tank securely attached				c. Adjustable Axle Assemblies (Sliding Subframes)
X			d. Brake Hose								
X			e. Brake Tubing				5. LIGHTING DEVICES				10. TIRES
			f. Low Pressure Warning Device	X			All lighting devices and reflectors required by Section 393 shall be operable.	X			a. Tires on any steering axle of a power unit.
			g. Tractor Protection Valve					X			b. All other tires.
			h. Air Compressor				6. SAFE LOADING				11. WHEELS AND RIMS
			i. Electric Brakes	X			a. Part(s) of vehicle or condition of loading such that the spare tire or any part of the load or dunnage can fall onto the roadway.				a. Lock or Side Ring
			j. Hydraulic Brakes				b. Protection against shifting cargo				b. Wheels and Rims
			k. Vacuum Systems								c. Fasteners
											d. Welds
			2. COUPLING DEVICES				7. STEERING MECHANISM				12. WINDSHIELD GLAZING
			a. Fifth Wheels				a. Steering Wheel Free Play				Requirements and exceptions as stated pertaining to any crack, discoloration or vision reducing matter (reference 393.60 for exceptions)
			b. Pintle Hooks				b. Steering Column				
			c. Drawbar/Towbar Eye				c. Front Axle Beam and All Steering Components Other Than Steering Column				13. WINDSHIELD WIPERS
			d. Drawbar/Towbar Tongue				d. Steering Gear Box				Any power unit that has an inoperative wiper, or missing or damaged parts that render it ineffective.
			e. Safety Devices				e. Pitman Arm				
			f. Saddle-Mounts				f. Power Steering				List any other condition which may prevent safe operation of this vehicle.
							g. Ball and Socket Joints				
			3. EXHAUST SYSTEM				h. Tie Rods and Drag Links				
			a. Any exhaust system determined to be leaking at a point forward of or directly below the driver/sleeper compartment.				i. Nuts				
			b. A bus exhaust system leaking or discharging to the atmosphere in violation of standards (1), (2) or (3).				j. Steering System				
			c. No part of the exhaust system of any motor vehicle shall be so located as would be likely to result in burning, charring, or damaging the electrical wiring, the fuel supply, or any combustible part of the motor vehicle.				8. SUSPENSION				
							a. Any U-bolt(s), spring hanger(s), or other axle positioning part(s) cracked, broken, loose or missing resulting in shifting of an axle from its normal position.				
							b. Spring Assembly				
							c. Torque, Radius or Tracking Components.				

INSTRUCTIONS: MARK COLUMN ENTRIES TO VERIFY INSPECTION: X OK, X NEEDS REPAIR, NA IF ITEMS DO NOT APPLY. _____ REPAIRED DATE

CERTIFICATION: THIS VEHICLE HAS PASSED ALL THE INSPECTION ITEMS FOR THE ANNUAL VEHICLE INSPECTION REPORT IN ACCORDANCE WITH 49 CFR 396.

ANNUAL VEHICLE INSPECTION REPORT

VEHICLE HISTORY RECORD	
REPORT NUMBER	FLEET UNIT NUMBER
	2994
DATE	
3-5-17	

MOTOR CARRIER OPERATOR <u>Schiorio Am Balance</u>	INSPECTOR'S NAME (PRINT OR TYPE) <u>TROY GILBERT</u>
ADDRESS <u>7600 La Morada Ave NW</u>	THIS INSPECTOR MEETS THE QUALIFICATION REQUIREMENTS IN SECTION 395.19. <u>YES</u>
CITY, STATE, ZIP CODE <u>ACBoulevard Ave NW 87120</u>	VEHICLE IDENTIFICATION (VIN) AND COMPLETE <input type="checkbox"/> LIC. PLATE NO. <input checked="" type="checkbox"/> VIN <input type="checkbox"/> OTHER <u>1FDWE35F42HB79802</u>
VEHICLE TYPE <input type="checkbox"/> TRACTOR <input type="checkbox"/> TRAILER <input type="checkbox"/> TRUCK <input type="checkbox"/> (OTHER)	INSPECTION AGENCY/LOCATION (OPTIONAL)

VEHICLE COMPONENTS INSPECTED											
OK	NEEDS REPAIR	REPAIRED DATE	ITEM	OK	NEEDS REPAIR	REPAIRED DATE	ITEM	OK	NEEDS REPAIR	REPAIRED DATE	ITEM
<input checked="" type="checkbox"/>			1. BRAKE SYSTEM	<input checked="" type="checkbox"/>			4. FUEL SYSTEM	<input checked="" type="checkbox"/>			9. FRAME
<input checked="" type="checkbox"/>			a. Service Brakes	<input checked="" type="checkbox"/>			a. Visible leak	<input checked="" type="checkbox"/>			a. Frame Members
<input checked="" type="checkbox"/>			b. Parking Brake System	<input checked="" type="checkbox"/>			b. Fuel tank filler cap missing	<input checked="" type="checkbox"/>			b. Tire and Wheel Clearance
<input checked="" type="checkbox"/>			c. Brake Drums or Rotors	<input checked="" type="checkbox"/>			c. Fuel tank securely attached	<input checked="" type="checkbox"/>			c. Adjustable Axle Assemblies (Sliding Subframes)
<input checked="" type="checkbox"/>			d. Brake Hose								
<input checked="" type="checkbox"/>			e. Brake Tubing				5. LIGHTING DEVICES	<input checked="" type="checkbox"/>			10. TIRES
<input checked="" type="checkbox"/>			f. Low Pressure Warning Device	<input checked="" type="checkbox"/>			All lighting devices and reflectors required by Section 393 shall be operable.	<input checked="" type="checkbox"/>			a. Tires on any steering axle of a power unit.
<input checked="" type="checkbox"/>			g. Tractor Protection Valve					<input checked="" type="checkbox"/>			b. All other tires.
<input checked="" type="checkbox"/>			h. Air Compressor				6. SAFE LOADING	<input checked="" type="checkbox"/>			11. WHEELS AND RIMS
<input checked="" type="checkbox"/>			i. Electric Brakes	<input checked="" type="checkbox"/>			a. Part(s) of vehicle or condition of loading such that the spare tire or any part of the load or dunnage can fall onto the roadway.	<input checked="" type="checkbox"/>			a. Lock or Side Ring
<input checked="" type="checkbox"/>			j. Hydraulic Brakes				b. Protection against shifting cargo	<input checked="" type="checkbox"/>			b. Wheels and Rims
<input checked="" type="checkbox"/>			k. Vacuum Systems					<input checked="" type="checkbox"/>			c. Fasteners
<input checked="" type="checkbox"/>							7. STEERING MECHANISM	<input checked="" type="checkbox"/>			d. Welds
<input checked="" type="checkbox"/>			2. COUPLING DEVICES	<input checked="" type="checkbox"/>			a. Steering Wheel Free Play				12. WINDSHIELD GLAZING
<input checked="" type="checkbox"/>			a. Fifth Wheels	<input checked="" type="checkbox"/>			b. Steering Column				Requirements and exceptions as stated pertaining to any crack, discoloration or vision reducing matter (reference 393.60 for exceptions)
<input checked="" type="checkbox"/>			b. Pintle Hooks				c. Front Axle Beam and All Steering Components Other Than Steering Column	<input checked="" type="checkbox"/>			13. WINDSHIELD WIPERS
<input checked="" type="checkbox"/>			c. Drawbar/Towbar Eye	<input checked="" type="checkbox"/>			d. Steering Gear Box				Any power unit that has an inoperative wiper, or missing or damaged parts that render it ineffective.
<input checked="" type="checkbox"/>			d. Drawbar/Towbar Tongue	<input checked="" type="checkbox"/>			e. Pitman Arm				
<input checked="" type="checkbox"/>			e. Safety Devices	<input checked="" type="checkbox"/>			f. Power Steering				
<input checked="" type="checkbox"/>			f. Saddle-Mounts	<input checked="" type="checkbox"/>			g. Ball and Socket Joints				
<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>			h. Tie Rods and Drag Links				
<input checked="" type="checkbox"/>			3. EXHAUST SYSTEM	<input checked="" type="checkbox"/>			i. Nuts				
<input checked="" type="checkbox"/>			a. Any exhaust system determined to be leaking at a point forward of or directly below the driver/sleeper compartment.	<input checked="" type="checkbox"/>			j. Steering System				
<input checked="" type="checkbox"/>			b. A bus exhaust system leaking or discharging to the atmosphere in violation of standards (1), (2) or (3).	<input checked="" type="checkbox"/>							
<input checked="" type="checkbox"/>			c. No part of the exhaust system of any motor vehicle shall be so located as would be likely to result in burning, charring, or damaging the electrical wiring, the fuel supply, or any combustible part of the motor vehicle.	<input checked="" type="checkbox"/>			8. SUSPENSION				
<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>			a. Any U-bolt(s), spring hanger(s), or other axle positioning part(s) cracked, broken, loose or missing resulting in shifting of an axle from its normal position.				
<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>			b. Spring Assembly				
<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>			c. Torque, Radius or Tracking Components.				

INSTRUCTIONS: MARK COLUMN ENTRIES TO VERIFY INSPECTION: X OK, X NEEDS REPAIR, NA IF ITEMS DO NOT APPLY, _____ REPAIRED DATE

CERTIFICATION: THIS VEHICLE HAS PASSED ALL THE INSPECTION ITEMS FOR THE ANNUAL VEHICLE INSPECTION REPORT IN ACCORDANCE WITH 49 CFR 396.

ANNUAL VEHICLE INSPECTION REPORT

VEHICLE HISTORY RECORD	
REPORT NUMBER	FLEET UNIT NUMBER
	2993
DATE	
5-3-17	

MOTOR CARRIER OPERATOR <u>Scholar Ambulance</u>	INSPECTOR'S NAME (PRINT OR TYPE) <u>TROY GILBERT</u>
ADDRESS <u>7600 Lamordia Ave</u>	THIS INSPECTOR MEETS THE QUALIFICATION REQUIREMENTS IN SECTION 395.19. <u>YES</u>
CITY, STATE, ZIP CODE <u>Acworth Ga 30700</u>	VEHICLE IDENTIFICATION (✓) AND COMPLETE <input type="checkbox"/> LIC. PLATE NO. <input checked="" type="checkbox"/> VIN <input type="checkbox"/> OTHER <u>1PDS524A99A165388</u>
VEHICLE TYPE <input type="checkbox"/> TRACTOR <input type="checkbox"/> TRAILER <input type="checkbox"/> TRUCK <input type="checkbox"/> (OTHER)	INSPECTION AGENCY/LOCATION (OPTIONAL)

VEHICLE COMPONENTS INSPECTED											
OK	NEEDS REPAIR	REPAIRED DATE	ITEM	OK	NEEDS REPAIR	REPAIRED DATE	ITEM	OK	NEEDS REPAIR	REPAIRED DATE	ITEM
✓			1. BRAKE SYSTEM	✓			4. FUEL SYSTEM	✓			9. FRAME
✓			a. Service Brakes	✓			a. Visible leak	✓			a. Frame Members
✓			b. Parking Brake System	✓			b. Fuel tank filler cap missing	✓			b. Tire and Wheel Clearance
✓			c. Brake Drums or Rotors	✓			c. Fuel tank securely attached	✓			c. Adjustable Axle Assemblies (Sliding Subframes)
✓			d. Brake Hose								
✓			e. Brake Tubing				5. LIGHTING DEVICES	✓			10. TIRES
✓			f. Low Pressure Warning Device				All lighting devices and reflectors required by Section 393 shall be operable.	✓			a. Tires on any steering axle of a power unit.
✓			g. Tractor Protection Valve					✓			b. All other tires.
✓			h. Air Compressor				6. SAFE LOADING	✓			11. WHEELS AND RIMS
✓			i. Electric Brakes	✓			a. Part(s) of vehicle or condition of loading such that the spare tire or any part of the load or dunnage can fall onto the roadway.	✓			a. Lock or Side Ring
✓			j. Hydraulic Brakes				b. Protection against shifting cargo	✓			b. Wheels and Rims
✓			k. Vacuum Systems					✓			c. Fasteners
✓							7. STEERING MECHANISM	✓			d. Welds
✓			2. COUPLING DEVICES				a. Steering Wheel Free Play				12. WINDSHIELD GLAZING
✓			a. Fifth Wheels				b. Steering Column				Requirements and exceptions as stated pertaining to any crack, discoloration or vision reducing matter (reference 393.60 for exceptions)
✓			b. Pintle Hooks				c. Front Axle Beam and All Steering Components Other Than Steering Column	✓			13. WINDSHIELD WIPERS
✓			c. Drawbar/Towbar Eye				d. Steering Gear Box				Any power unit that has an inoperative wiper, or missing or damaged parts that render it ineffective.
✓			d. Drawbar/Towbar Tongue				e. Pitman Arm				
✓			e. Safety Devices				f. Power Steering				
✓			f. Saddle-Mounts				g. Ball and Socket Joints				
✓							h. Tie Rods and Drag Links				
✓			3. EXHAUST SYSTEM				i. Nuts				
✓			a. Any exhaust system determined to be leaking at a point forward of or directly below the driver/sleeper compartment.				j. Steering System				
✓			b. A bus exhaust system leaking or discharging to the atmosphere in violation of standards (1), (2) or (3).								
✓			c. No part of the exhaust system of any motor vehicle shall be so located as would be likely to result in burning, charring, or damaging the electrical wiring, the fuel supply, or any combustible part of the motor vehicle.				8. SUSPENSION				
✓							a. Any U-bolt(s), spring hanger(s), or other axle positioning part(s) cracked, broken, loose or missing resulting in shifting of an axle from its normal position.				
✓							b. Spring Assembly				
✓							c. Torque, Radius or Tracking Components.				

INSTRUCTIONS: MARK COLUMN ENTRIES TO VERIFY INSPECTION: X OK, X NEEDS REPAIR, NA IF ITEMS DO NOT APPLY. REPAIRED DATE

CERTIFICATION: THIS VEHICLE HAS PASSED ALL THE INSPECTION ITEMS FOR THE ANNUAL VEHICLE INSPECTION REPORT IN ACCORDANCE WITH 49 CFR 396.

ANNUAL VEHICLE INSPECTION REPORT

VEHICLE HISTORY RECORD	
REPORT NUMBER	FLEET UNIT NUMBER
	3105
DATE	
4-28-17	

MOTOR CARRIER OPERATOR <u>Superior Ambulance</u>	INSPECTOR'S NAME (PRINT OR TYPE) <u>Ted A Gilbert</u>
ADDRESS <u>7600 La Morada pl</u>	THIS INSPECTOR MEETS THE QUALIFICATION REQUIREMENTS IN SECTION 395.19. <input checked="" type="checkbox"/> YES
CITY, STATE, ZIP CODE <u>Albuquerque NM 87120</u>	VEHICLE IDENTIFICATION (✓) AND COMPLETE <input type="checkbox"/> LIC. PLATE NO. <input checked="" type="checkbox"/> VIN <input type="checkbox"/> OTHER <u>1FDSS34PY6DB06075</u>
VEHICLE TYPE: <input type="checkbox"/> TRACTOR <input type="checkbox"/> TRAILER <input type="checkbox"/> TRUCK <input checked="" type="checkbox"/> (OTHER)	INSPECTION AGENCY/LOCATION (OPTIONAL)

VEHICLE COMPONENTS INSPECTED											
OK	NEEDS REPAIR	REPAIRED DATE	ITEM	OK	NEEDS REPAIR	REPAIRED DATE	ITEM	OK	NEEDS REPAIR	REPAIRED DATE	ITEM
✓			1. BRAKE SYSTEM	✓			4. FUEL SYSTEM	✓			9. FRAME
✓			a. Service Brakes	✓			a. Visible leak	✓			a. Frame Members
✓			b. Parking Brake System	✓			b. Fuel tank filler cap missing	✓			b. Tire and Wheel Clearance
✓			c. Brake Drums or Rotors	✓			c. Fuel tank securely attached		NA		c. Adjustable Axle Assemblies (Sliding Subframes)
✓			d. Brake Hose	✓			5. LIGHTING DEVICES	✓			10. TIRES
✓			e. Brake Tubing	✓			All lighting devices and reflectors required by Section 393 shall be operable.	✓			a. Tires on any steering axle of a power unit.
	NA		f. Low Pressure Warning Device				6. SAFE LOADING	✓			b. All other tires.
	NA		g. Tractor Protection Valve				a. Part(s) of vehicle or condition of loading such that the spare tire or any part of the load or dunnage can fall onto the roadway.		NA		11. WHEELS AND RIMS
	NA		h. Air Compressor	✓			b. Protection against shifting cargo	✓			a. Lock or Side Ring
	NA		i. Electric Brakes				7. STEERING MECHANISM	✓			b. Wheels and Rims
✓			j. Hydraulic Brakes				a. Steering Wheel Free Play				c. Fasteners
✓			k. Vacuum Systems				b. Steering Column				d. Welds
	NA		2. COUPLING DEVICES		NA		c. Front Axle Beam and All Steering Components Other Than Steering Column				12. WINDSHIELD GLAZING
	NA		a. Fifth Wheels				d. Steering Gear Box				Requirements and exceptions as stated pertaining to any crack, discoloration or vision reducing matter (reference 393.60 for exceptions)
	NA		b. Pintle Hooks				e. Pitman Arm				13. WINDSHIELD WIPERS
	NA		c. Drawbar/Towbar Eye	✓			f. Power Steering				Any power unit that has an inoperative wiper, or missing or damaged parts that render it ineffective.
	NA		d. Drawbar/Towbar Tongue	✓			g. Ball and Socket Joints				List any other condition which may prevent safe operation of this vehicle.
	NA		e. Safety Devices	✓			h. Tie Rods and Drag Links				
	NA		f. Saddle-Mounts	✓			i. Nuts				
			3. EXHAUST SYSTEM				j. Steering System				
✓			a. Any exhaust system determined to be leaking at a point forward of or directly below the driver/sleeper compartment.	✓			8. SUSPENSION				
	NA		b. A bus exhaust system leaking or discharging to the atmosphere in violation of standards (1), (2) or (3).	✓			a. Any U-bolt(s), spring hanger(s); or other axle positioning part(s) cracked, broken, loose or missing resulting in shifting of an axle from its normal position.				
			c. No part of the exhaust system of any motor vehicle shall be so located as would be likely to result in burning, charring, or damaging the electrical wiring, the fuel supply, or any combustible part of the motor vehicle.	✓			b. Spring Assembly				
					NA		c. Torque, Radius or Tracking Components.				

INSTRUCTIONS: MARK COLUMN ENTRIES TO VERIFY INSPECTION: ☒ OK, ☒ NEEDS REPAIR, ☐ IF ITEMS DO NOT APPLY, _____ REPAIRED DATE

CERTIFICATION: THIS VEHICLE HAS PASSED ALL THE INSPECTION ITEMS FOR THE ANNUAL VEHICLE INSPECTION REPORT IN ACCORDANCE WITH 49 CFR 396.

ANNUAL VEHICLE INSPECTION REPORT

VEHICLE HISTORY RECORD	
REPORT NUMBER	FLEET UNIT NUMBER
	2991
DATE 4-25-17	

MOTOR CARRIER OPERATOR <u>Superior Ambulance</u>	INSPECTOR'S NAME (PRINT OR TYPE) <u>Teal A Gilbert</u>
ADDRESS <u>7600 La Morada pl</u>	THIS INSPECTOR MEETS THE QUALIFICATION REQUIREMENTS IN SECTION 393.19. <input checked="" type="checkbox"/> YES
CITY, STATE, ZIP CODE <u>Albuquerque NM 87120</u>	VEHICLE IDENTIFICATION (VIN) AND COMPLETE <input type="checkbox"/> LIC. PLATE NO. <input checked="" type="checkbox"/> VIN <input type="checkbox"/> OTHER <u>1FDSS34P39DA65387</u>
VEHICLE TYPE <input type="checkbox"/> TRACTOR <input type="checkbox"/> TRAILER <input type="checkbox"/> TRUCK <input checked="" type="checkbox"/> (OTHER)	INSPECTION AGENCY/LOCATION (OPTIONAL)

VEHICLE COMPONENTS INSPECTED											
OK	NEEDS REPAIR	REPAIRED DATE	ITEM	OK	NEEDS REPAIR	REPAIRED DATE	ITEM	OK	NEEDS REPAIR	REPAIRED DATE	ITEM
<input checked="" type="checkbox"/>			1. BRAKE SYSTEM	<input checked="" type="checkbox"/>			4. FUEL SYSTEM	<input checked="" type="checkbox"/>			9. FRAME
<input checked="" type="checkbox"/>			a. Service Brakes	<input checked="" type="checkbox"/>			a. Visible leak	<input checked="" type="checkbox"/>			a. Frame Members
<input checked="" type="checkbox"/>			b. Parking Brake System	<input checked="" type="checkbox"/>			b. Fuel tank filler cap missing	<input checked="" type="checkbox"/>			b. Tire and Wheel Clearance
<input checked="" type="checkbox"/>			c. Brake Drums or Rotors	<input checked="" type="checkbox"/>			c. Fuel tank securely attached			NA	c. Adjustable Axle Assemblies (Sliding Subframes)
<input checked="" type="checkbox"/>			d. Brake Hose								
<input checked="" type="checkbox"/>			e. Brake Tubing				5. LIGHTING DEVICES				10. TIRES
		NA	f. Low Pressure Warning Device	<input checked="" type="checkbox"/>			All lighting devices and reflectors required by Section 393 shall be operable.	<input checked="" type="checkbox"/>			a. Tires on any steering axle of a power unit.
		NA	g. Tractor Protection Valve					<input checked="" type="checkbox"/>			b. All other tires.
		NA	h. Air Compressor				6. SAFE LOADING			NA	11. WHEELS AND RIMS
		NA	i. Electric Brakes	<input checked="" type="checkbox"/>			a. Part(s) of vehicle or condition of loading such that the spare tire or any part of the load or dunnage can fall onto the roadway.	<input checked="" type="checkbox"/>			a. Lock or Side Ring
<input checked="" type="checkbox"/>			j. Hydraulic Brakes				b. Protection against shifting cargo	<input checked="" type="checkbox"/>			b. Wheels and Rims
<input checked="" type="checkbox"/>			k. Vacuum Systems					<input checked="" type="checkbox"/>			c. Fasteners
		NA	2. COUPLING DEVICES				7. STEERING MECHANISM				d. Welds
		NA	a. Fifth Wheels			NA	a. Steering Wheel Free Play				12. WINDSHIELD GLAZING
		NA	b. Pintle Hooks				b. Steering Column				Requirements and exceptions as stated pertaining to any crack, discoloration or vision reducing matter (reference 393.60 for exceptions)
		NA	c. Drawbar/Towbar Eye				c. Front Axle Beam and All Steering Components Other Than Steering Column	<input checked="" type="checkbox"/>			13. WINDSHIELD WIPERS
		NA	d. Drawbar/Towbar Tongue	<input checked="" type="checkbox"/>			d. Steering Gear Box				Any power unit that has an inoperative wiper, or missing or damaged parts that render it ineffective.
		NA	e. Safety Devices	<input checked="" type="checkbox"/>			e. Pitman Arm				List any other condition which may prevent safe operation of this vehicle.
		NA	f. Saddle-Mounts	<input checked="" type="checkbox"/>			f. Power Steering				
<input checked="" type="checkbox"/>			3. EXHAUST SYSTEM				g. Ball and-Socket Joints				
			a. Any exhaust system determined to be leaking at a point forward of or directly below the driver/sleeper compartment.	<input checked="" type="checkbox"/>			h. Tie Rods and Drag Links				
			b. A bus exhaust system leaking or discharging to the atmosphere in violation of standards (1), (2) or (3).	<input checked="" type="checkbox"/>			i. Nuts				
			c. No part of the exhaust system of any motor vehicle shall be so located as would be likely to result in burning, charring, or damaging the electrical wiring, the fuel supply, or any combustible part of the motor vehicle.	<input checked="" type="checkbox"/>			j. Steering System				
							8. SUSPENSION				
							a. Any U-bolt(s), spring hanger(s), or other axle positioning part(s) cracked, broken, loose or missing resulting in shifting of an axle from its normal position.				
							b. Spring Assembly				
							c. Torque, Radius or Tracking Components.				

INSTRUCTIONS: MARK COLUMN ENTRIES TO VERIFY INSPECTION: X OK, X NEEDS REPAIR, NA IF ITEMS DO NOT APPLY, _____ REPAIRED DATE

CERTIFICATION: THIS VEHICLE HAS PASSED ALL THE INSPECTION ITEMS FOR THE ANNUAL VEHICLE INSPECTION REPORT IN ACCORDANCE WITH 49 CFR 396.

ANNUAL VEHICLE INSPECTION REPORT

VEHICLE HISTORY RECORD	
REPORT NUMBER	FLEET UNIT NUMBER
	2992
DATE	6/14/17

MOTOR CARRIER OPERATOR Superior Ambulance	INSPECTOR'S NAME (PRINT OR TYPE) Andrew Zambrano
ADDRESS 7600 La Morada Pl NW	THIS INSPECTOR MEETS THE QUALIFICATION REQUIREMENTS IN SECTION 395.19. YES
CITY, STATE, ZIP CODE Albuquerque NM 87120	VEHICLE IDENTIFICATION (V) AND COMPLETE <input type="checkbox"/> LIC. PLATE NO. <input checked="" type="checkbox"/> VIN <input type="checkbox"/> OTHER
VEHICLE TYPE <input type="checkbox"/> TRACTOR <input type="checkbox"/> TRAILER <input type="checkbox"/> TRUCK <input checked="" type="checkbox"/> (OTHER)	INSPECTION AGENCY/LOCATION (OPTIONAL) 14D5334P79DA93564

VEHICLE COMPONENTS INSPECTED											
OK	NEEDS REPAIR	REPAIRED DATE	ITEM	OK	NEEDS REPAIR	REPAIRED DATE	ITEM	OK	NEEDS REPAIR	REPAIRED DATE	ITEM
✓			1. BRAKE SYSTEM	✓			4. FUEL SYSTEM	✓			9. FRAME
✓			a. Service Brakes	✓			a. Visible leak	✓			a. Frame Members
✓			b. Parking Brake System	✓			b. Fuel tank filler cap missing	✓			b. Tire and Wheel Clearance
✓			c. Brake Drums or Rotors	✓			c. Fuel tank securely attached	NA			c. Adjustable Axle Assemblies (Sliding Subframes)
✓			d. Brake Hose				5. LIGHTING DEVICES				10. TIRES
✓			e. Brake Tubing				All lighting devices and reflectors required by Section 393 shall be operable.	✓			a. Tires on any steering axle of a power unit.
NA			f. Low Pressure Warning Device				6. SAFE LOADING	✓			b. All other tires.
NA			g. Tractor Protection Valve				a. Part(s) of vehicle or condition of loading such that the spare tire or any part of the load or dunnage can fall onto the roadway.	NA			11. WHEELS AND RIMS
NA			h. Air Compressor	✓			b. Protection against shifting cargo	✓			a. Lock or Side Ring
NA			i. Electric Brakes				7. STEERING MECHANISM	✓			b. Wheels and Rims
✓			j. Hydraulic Brakes				a. Steering Wheel Free Play				c. Fasteners
✓			k. Vacuum Systems				b. Steering Column				d. Welds
NA			2. COUPLING DEVICES	NA			c. Front Axle Beam and All Steering Components Other Than Steering Column				12. WINDSHIELD GLAZING
NA			a. Fifth Wheels				d. Steering Gear Box	✓			Requirements and exceptions as stated pertaining to any crack, discoloration or vision reducing matter (reference 393.60 for exceptions)
NA			b. Pintle Hooks				e. Pitman Arm				13. WINDSHIELD WIPERS
NA			c. Drawbar/Towbar Eye	✓			f. Power Steering				Any power unit that has an inoperative wiper, or missing or damaged parts that render it ineffective.
NA			d. Drawbar/Towbar Tongue	✓			g. Ball and Socket Joints				List any other condition which may prevent safe operation of this vehicle.
NA			e. Safety Devices	✓			h. Tie Rods and Drag Links				
NA			f. Saddle-Mounts	✓			i. Nuts				
✓			3. EXHAUST SYSTEM				j. Steering System				
			a. Any exhaust system determined to be leaking at a point forward of or directly below the driver/sleeper compartment.	✓			8. SUSPENSION				
			b. A bus exhaust system leaking or discharging to the atmosphere in violation of standards (1), (2) or (3).	✓			a. Any U-bolt(s), spring hanger(s), or other axle positioning part(s) cracked, broken, loose or missing resulting in shifting of an axle from its normal position.				
NA			c. No part of the exhaust system of any motor vehicle shall be so located as would be likely to result in burning, charring, or damaging the electrical wiring, the fuel supply, or any combustible part of the motor vehicle.	✓			b. Spring Assembly				
✓				NA			c. Torque, Radius or Tracking Components.				

INSTRUCTIONS: MARK COLUMN ENTRIES TO VERIFY INSPECTION: X OK, X NEEDS REPAIR, NA IF ITEMS DO NOT APPLY. REPAIRED DATE

CERTIFICATION: THIS VEHICLE HAS PASSED ALL THE INSPECTION ITEMS FOR THE ANNUAL VEHICLE INSPECTION REPORT IN ACCORDANCE WITH 49 CFR 396.

ANNUAL VEHICLE INSPECTION REPORT

VEHICLE HISTORY RECORD	
REPORT NUMBER	FLEET UNIT NUMBER
	3107
DATE 3-9-17	

MOTOR CARRIER OPERATOR <u>Superior Air Balance</u>	INSPECTOR'S NAME (PRINT OR TYPE) <u>Troy Gilbert</u>
ADDRESS <u>7600 Camarada Ave NW</u>	THIS INSPECTOR MEETS THE QUALIFICATION REQUIREMENTS IN SECTION 395.19. <input checked="" type="checkbox"/> YES
CITY, STATE, ZIP CODE <u>Albuquerque NM 87120</u>	VEHICLE IDENTIFICATION (VIN) AND COMPLETE <input type="checkbox"/> LIC. PLATE NO. <input checked="" type="checkbox"/> VIN <input type="checkbox"/> OTHER <u>1FDSS34P86AB06074</u>
VEHICLE TYPE <input type="checkbox"/> TRACTOR <input type="checkbox"/> TRAILER <input type="checkbox"/> TRUCK <input type="checkbox"/> (OTHER)	INSPECTION AGENCY/LOCATION (OPTIONAL)

VEHICLE COMPONENTS INSPECTED											
OK	NEEDS REPAIR	REPAIRED DATE	ITEM	OK	NEEDS REPAIR	REPAIRED DATE	ITEM	OK	NEEDS REPAIR	REPAIRED DATE	ITEM
<input checked="" type="checkbox"/>			1. BRAKE SYSTEM	<input checked="" type="checkbox"/>			4. FUEL SYSTEM	<input checked="" type="checkbox"/>			9. FRAME
<input checked="" type="checkbox"/>			a. Service Brakes	<input checked="" type="checkbox"/>			a. Visible leak	<input checked="" type="checkbox"/>			a. Frame Members
<input checked="" type="checkbox"/>			b. Parking Brake System	<input checked="" type="checkbox"/>			b. Fuel tank filler cap missing	<input checked="" type="checkbox"/>			b. Tire and Wheel Clearance
<input checked="" type="checkbox"/>			c. Brake Drums or Rotors	<input checked="" type="checkbox"/>			c. Fuel tank securely attached	<input checked="" type="checkbox"/>			c. Adjustable Axle Assemblies (Sliding Subframes)
<input checked="" type="checkbox"/>			d. Brake Hose								
<input checked="" type="checkbox"/>			e. Brake Tubing	<input checked="" type="checkbox"/>			5. LIGHTING DEVICES	<input checked="" type="checkbox"/>			10. TIRES
<input checked="" type="checkbox"/>			f. Low Pressure Warning Device	<input checked="" type="checkbox"/>			All lighting devices and reflectors required by Section 393 shall be operable.	<input checked="" type="checkbox"/>			a. Tires on any steering axle of a power unit.
<input checked="" type="checkbox"/>			g. Tractor Protection Valve					<input checked="" type="checkbox"/>			b. All other tires.
<input checked="" type="checkbox"/>			h. Air Compressor	<input checked="" type="checkbox"/>			6. SAFE LOADING	<input checked="" type="checkbox"/>			11. WHEELS AND RIMS
<input checked="" type="checkbox"/>			i. Electric Brakes				a. Part(s) of vehicle or condition of loading such that the spare tire or any part of the load or dunnage can fall onto the roadway.	<input checked="" type="checkbox"/>			a. Lock or Side Ring
<input checked="" type="checkbox"/>			j. Hydraulic Brakes				b. Protection against shifting cargo	<input checked="" type="checkbox"/>			b. Wheels and Rims
<input checked="" type="checkbox"/>			k. Vacuum Systems					<input checked="" type="checkbox"/>			c. Fasteners
<input checked="" type="checkbox"/>							7. STEERING MECHANISM	<input checked="" type="checkbox"/>			d. Welds
<input checked="" type="checkbox"/>			2. COUPLING DEVICES	<input checked="" type="checkbox"/>			a. Steering Wheel Free Play				12. WINDSHIELD GLAZING
<input checked="" type="checkbox"/>			a. Fifth Wheels				b. Steering Column				Requirements and exceptions as stated pertaining to any crack, discoloration or vision reducing matter (reference 393.60 for exceptions)
<input checked="" type="checkbox"/>			b. Pintle Hooks				c. Front Axle Beam and All Steering Components Other Than Steering Column	<input checked="" type="checkbox"/>			13. WINDSHIELD WIPERS
<input checked="" type="checkbox"/>			c. Drawbar/Towbar Eye	<input checked="" type="checkbox"/>			d. Steering Gear Box				Any power unit that has an inoperative wiper, or missing or damaged parts that render it ineffective.
<input checked="" type="checkbox"/>			d. Drawbar/Towbar Tongue	<input checked="" type="checkbox"/>			e. Pitman Arm				List any other condition which may prevent safe operation of this vehicle.
<input checked="" type="checkbox"/>			e. Safety Devices	<input checked="" type="checkbox"/>			f. Power Steering				
<input checked="" type="checkbox"/>			f. Saddle-Mounts	<input checked="" type="checkbox"/>			g. Ball and Socket Joints				
<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>			h. Tie Rods and Drag Links				
<input checked="" type="checkbox"/>			3. EXHAUST SYSTEM	<input checked="" type="checkbox"/>			i. Nuts				
<input checked="" type="checkbox"/>			a. Any exhaust system determined to be leaking at a point forward of or directly below the driver/sleeper compartment.	<input checked="" type="checkbox"/>			j. Steering System				
<input checked="" type="checkbox"/>			b. A bus exhaust system leaking or discharging to the atmosphere in violation of standards (1), (2) or (3).	<input checked="" type="checkbox"/>							
<input checked="" type="checkbox"/>			c. No part of the exhaust system of any motor vehicle shall be so located as would be likely to result in burning, charring, or damaging the electrical wiring, the fuel supply, or any combustible part of the motor vehicle.	<input checked="" type="checkbox"/>			8. SUSPENSION				
<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>			a. Any U-bolt(s), spring hanger(s), or other axle positioning part(s) cracked, broken, loose or missing resulting in shifting of an axle from its normal position.				
<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>			b. Spring Assembly				
<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>			c. Torque, Radius or Tracking Components.				

INSTRUCTIONS: MARK COLUMN ENTRIES TO VERIFY INSPECTION: ☒ OK, ☒ NEEDS REPAIR, ☒ NA IF ITEMS DO NOT APPLY. REPAIRED DATE

CERTIFICATION: THIS VEHICLE HAS PASSED ALL THE INSPECTION ITEMS FOR THE ANNUAL VEHICLE INSPECTION REPORT IN ACCORDANCE WITH 49 CFR 396.

ORIGINAL

ANNUAL VEHICLE INSPECTION REPORT

VEHICLE HISTORY RECORD	
REPORT NUMBER	FLEET UNIT NUMBER
	3106
DATE 3-8-17	

MOTOR CARRIER OPERATOR <u>Scotior Am Balance</u>	INSPECTOR'S NAME (PRINT OR TYPE) <u>TROY GICKERT</u>
ADDRESS <u>7600 LAMORADA AL NW</u>	THIS INSPECTOR MEETS THE QUALIFICATION REQUIREMENTS IN SECTION 395.18. <u>YES</u>
CITY, STATE, ZIP CODE <u>ACB WOODRIDGE MN 57120</u>	VEHICLE IDENTIFICATION (✓) AND COMPLETE <input type="checkbox"/> LIC. PLATE NO. <u>54VIN</u> <input type="checkbox"/> OTHER
VEHICLE TYPE <input type="checkbox"/> TRACTOR <input type="checkbox"/> TRAILER <input type="checkbox"/> TRUCK <input type="checkbox"/> (OTHER)	INSPECTION AGENCY/LOCATION (OPTIONAL) <u>1FDWE35P76D A28796</u>

VEHICLE COMPONENTS INSPECTED											
OK	NEEDS REPAIR	REPAIRED DATE	ITEM	OK	NEEDS REPAIR	REPAIRED DATE	ITEM	OK	NEEDS REPAIR	REPAIRED DATE	ITEM
✓			1. BRAKE SYSTEM	✓			4. FUEL SYSTEM	✓			9. FRAME
✓			a. Service Brakes	✓			a. Visible leak	✓			a. Frame Members
✓			b. Parking Brake System	✓			b. Fuel tank filler cap missing	✓			b. Tire and Wheel Clearance
✓			c. Brake Drums or Rotors	✓			c. Fuel tank securely attached	✓			c. Adjustable Axle Assemblies (Sliding Subframes)
✓			d. Brake Hose								
✓			e. Brake Tubing				5. LIGHTING DEVICES				10. TIRES
✓			f. Low Pressure Warning Device	✓			All lighting devices and reflectors required by-Section 393 shall be operable.	✓			a. Tires on any steering axle of a power unit.
✓			g. Tractor Protection Valve					✓			b. All other tires.
✓			h. Air Compressor				6. SAFE LOADING	✓			11. WHEELS AND RIMS
✓			i. Electric Brakes	✓			a. Part(s) of vehicle or condition of loading such that the spare tire or any part of the load or dunnage can fall onto the roadway.	✓			a. Lock or Side Ring
✓			j. Hydraulic Brakes				b. Protection against shifting cargo	✓			b. Wheels and Rims
✓			k. Vacuum Systems					✓			c. Fasteners
✓							7. STEERING MECHANISM	✓			d. Welds
✓			2. COUPLING DEVICES				a. Steering Wheel Free Play				12. WINDSHIELD GLAZING
✓			a. Fifth Wheels				b. Steering Column				Requirements and exceptions as stated pertaining to any crack, discoloration or vision reducing matter (reference 393.60 for exceptions)
✓			b. Pintle Hooks				c. Front Axle Beam and All Steering Components Other Than Steering Column				13. WINDSHIELD WIPERS
✓			c. Drawbar/Towbar Eye	✓			d. Steering Gear Box	✓			Any power unit that has an inoperative wiper, or missing or damaged parts that render it ineffective.
✓			d. Drawbar/Towbar Tongue	✓			e. Pitman Arm				List any other condition which may prevent safe operation of this vehicle.
✓			e. Safety Devices	✓			f. Power Steering				
✓			f. Saddle-Mounts	✓			g. Ball and Socket Joints				
			3. EXHAUST SYSTEM				h. Tie Rods and Drag Links				
			a. Any exhaust system determined to be leaking at a point forward of or directly below the driver/sleeper compartment.	✓			i. Nuts				
			b. A bus exhaust system leaking or discharging to the atmosphere in violation of standards (1), (2) or (3).	✓			j. Steering System				
			c. No part of the exhaust system of any motor vehicle shall be so located as would be likely to result in burning, charring, or damaging the electrical wiring, the fuel supply, or any combustible part of the motor vehicle.	✓			8. SUSPENSION				
				✓			a. Any U-bolt(s), spring hanger(s), or other axle positioning part(s) cracked, broken, loose or missing resulting in shifting of an axle from its normal position.				
				✓			b. Spring Assembly				
				✓			c. Torque, Radius or Tracking Components.				

INSTRUCTIONS: MARK COLUMN ENTRIES TO VERIFY INSPECTION: X OK, X NEEDS REPAIR, NA IF ITEMS DO NOT APPLY, _____ REPAIRED DATE

CERTIFICATION: THIS VEHICLE HAS PASSED ALL THE INSPECTION ITEMS FOR THE ANNUAL VEHICLE INSPECTION REPORT IN ACCORDANCE WITH 49 CFR 396.

ANNUAL VEHICLE INSPECTION REPORT

VEHICLE HISTORY RECORD	
REPORT NUMBER	FLEET UNIT NUMBER
	3109
DATE 3-7-17	

MOTOR CARRIER OPERATOR <u>SCHROCK Ambulance</u>	INSPECTOR'S NAME (PRINT OR TYPE) <u>TROY G. GIBBET</u>
ADDRESS <u>7600 LA MORADA PL NW</u>	THIS INSPECTOR MEETS THE QUALIFICATION REQUIREMENTS IN SECTION 395.19. <u>YES</u>
CITY, STATE, ZIP CODE <u>Ac KUMMEROWE MN 57120</u>	VEHICLE IDENTIFICATION (VIN) AND COMPLETE <input type="checkbox"/> LIC. PLATE NO. <input checked="" type="checkbox"/> VIN <input type="checkbox"/> OTHER <u>1PDMF36P66EA39181</u>
VEHICLE TYPE <input type="checkbox"/> TRACTOR <input type="checkbox"/> TRAILER <input type="checkbox"/> TRUCK <input type="checkbox"/> (OTHER)	INSPECTION AGENCY/LOCATION (OPTIONAL)

VEHICLE COMPONENTS INSPECTED											
OK	NEEDS REPAIR	REPAIRED DATE	ITEM	OK	NEEDS REPAIR	REPAIRED DATE	ITEM	OK	NEEDS REPAIR	REPAIRED DATE	ITEM
X			1. BRAKE SYSTEM	X			4. FUEL SYSTEM	X			9. FRAME
X			a. Service Brakes	X			a. Visible leak	X			a. Frame Members
X			b. Parking Brake System	X			b. Fuel tank filler cap missing	X			b. Tire and Wheel Clearance
X			c. Brake Drums or Rotors	X			c. Fuel tank securely attached	X			c. Adjustable Axle Assemblies (Sliding Subframes)
X			d. Brake Hose								
X			e. Brake Tubing				5. LIGHTING DEVICES				10. TIRES
			f. Low Pressure Warning Device	X			All lighting devices and reflectors required by Section 393 shall be operable.	X			a. Tires on any steering axle of a power unit.
			g. Tractor Protection Valve					X			b. All other tires.
			h. Air Compressor				6. SAFE LOADING	X			11. WHEELS AND RIMS
			i. Electric Brakes	X			a. Part(s) of vehicle or condition of loading such that the spare tire or any part of the load or dunnage can fall onto the roadway.	X			a. Lock or Side Ring
X			j. Hydraulic Brakes				b. Protection against shifting cargo	X			b. Wheels and Rims
X			k. Vacuum Systems					X			c. Fasteners
			2. COUPLING DEVICES				7. STEERING MECHANISM	X			d. Welds
			a. Fifth Wheels				a. Steering Wheel Free Play				12. WINDSHIELD GLAZING
			b. Pintle Hooks				b. Steering Column				Requirements and exceptions as stated pertaining to any crack, discoloration or vision reducing matter (reference 393.60 for exceptions)
			c. Drawbar/Towbar Eye				c. Front Axle Beam and All Steering Components Other Than Steering Column				13. WINDSHIELD WIPERS
			d. Drawbar/Towbar Tongue	X			d. Steering Gear Box				Any power unit that has an inoperative wiper, or missing or damaged parts that render it ineffective.
			e. Safety Devices	X			e. Pitman Arm				List any other condition which may prevent safe operation of this vehicle.
			f. Saddle-Mounts	X			f. Power Steering				
			3. EXHAUST SYSTEM				g. Ball and Socket Joints				
			a. Any exhaust system determined to be leaking at a point forward of or directly below the driver/sleeper compartment.	X			h. Tie Rods and Drag Links				
			b. A bus exhaust system leaking or discharging to the atmosphere in violation of standards (1), (2) or (3).	X			i. Nuts				
			c. No part of the exhaust system of any motor vehicle shall be so located as would be likely to result in burning, charring, or damaging the electrical wiring, the fuel supply, or any combustible part of the motor vehicle.	X			j. Steering System				
							8. SUSPENSION				
							a. Any U-bolt(s), spring hanger(s), or other axle positioning part(s) cracked, broken, loose or missing resulting in shifting of an axle from its normal position.				
							b. Spring Assembly				
							c. Torque, Radius or Tracking Components.				

INSTRUCTIONS: MARK COLUMN ENTRIES TO VERIFY INSPECTION: X OK, X NEEDS REPAIR, NA IF ITEMS DO NOT APPLY, _____ REPAIRED DATE

CERTIFICATION: THIS VEHICLE HAS PASSED ALL THE INSPECTION ITEMS FOR THE ANNUAL VEHICLE INSPECTION REPORT IN ACCORDANCE WITH 49 CFR 396.

ANNUAL VEHICLE INSPECTION REPORT

VEHICLE HISTORY RECORD	
REPORT NUMBER	FLEET UNIT NUMBER
	2995
DATE 3-6-17	

MOTOR CARRIER OPERATOR <u>Scholar Ambulance</u>	INSPECTOR'S NAME (PRINT OR TYPE) <u>Troy Gickert</u>
ADDRESS <u>7600 LA Motada Pkwy</u>	THIS INSPECTOR MEETS THE QUALIFICATION REQUIREMENTS IN SECTION 395.19. <u>YES</u>
CITY, STATE, ZIP CODE <u>Acworth, GA 30106</u>	VEHICLE IDENTIFICATION (VIN) AND COMPLETE <input type="checkbox"/> LIC. PLATE NO. <input checked="" type="checkbox"/> VIN <input type="checkbox"/> OTHER <u>1FDWE35P24HR12355</u>
VEHICLE TYPE <input type="checkbox"/> TRACTOR <input type="checkbox"/> TRAILER <input type="checkbox"/> TRUCK <input type="checkbox"/> (OTHER)	INSPECTION AGENCY/LOCATION (OPTIONAL)

VEHICLE COMPONENTS INSPECTED											
OK	NEEDS REPAIR	REPAIRED DATE	ITEM	OK	NEEDS REPAIR	REPAIRED DATE	ITEM	OK	NEEDS REPAIR	REPAIRED DATE	ITEM
X			1. BRAKE SYSTEM	X			4. FUEL SYSTEM	X			9. FRAME
X			a. Service Brakes	X			a. Visible leak	X			a. Frame Members
X			b. Parking Brake System	X			b. Fuel tank filler cap missing	X			b. Tire and Wheel Clearance
X			c. Brake Drums or Rotors	X			c. Fuel tank securely attached	X			c. Adjustable Axle Assemblies (Sliding Subframes)
X			d. Brake Hose								
X			e. Brake Tubing				5. LIGHTING DEVICES				10. TIRES
			f. Low Pressure Warning Device	X			All lighting devices and reflectors required by Section 393 shall be operable.	X			a. Tires on any steering axle of a power unit.
			g. Tractor Protection Valve					X			b. All other tires.
			h. Air Compressor				6. SAFE LOADING	X			11. WHEELS AND RIMS
			i. Electric Brakes	X			a. Part(s) of vehicle or condition of loading such that the spare tire or any part of the load or dunnage can fall onto the roadway.	X			a. Lock or Side Ring
			j. Hydraulic Brakes				b. Protection against shifting cargo	X			b. Wheels and Rims
			k. Vacuum Systems					X			c. Fasteners
								X			d. Welds
			2. COUPLING DEVICES				7. STEERING MECHANISM				12. WINDSHIELD GLAZING
			a. Fifth Wheels				a. Steering Wheel Free Play				Requirements and exceptions as stated pertaining to any crack, discoloration or vision reducing matter (reference 393.60 for exceptions)
			b. Pintle Hooks				b. Steering Column				
			c. Drawbar/Towbar Eye				c. Front Axle Beam and All Steering Components Other Than Steering Column				13. WINDSHIELD WIPERS
			d. Drawbar/Towbar Tongue	X			d. Steering Gear Box				Any power unit that has an inoperative wiper, or missing or damaged parts that render it ineffective.
			e. Safety Devices	X			e. Pitman Arm				List any other condition which may prevent safe operation of this vehicle.
			f. Saddle-Mounts	X			f. Power Steering				
							g. Ball and Socket Joints				
			3. EXHAUST SYSTEM				h. Tie Rods and Drag Links				
			a. Any exhaust system determined to be leaking at a point forward of or directly below the driver/sleeper compartment.	X			i. Nuts				
			b. A bus exhaust system leaking or discharging to the atmosphere in violation of standards (1), (2) or (3).	X			j. Steering System				
			c. No part of the exhaust system of any motor vehicle shall be so located as would be likely to result in burning, charring, or damaging the electrical wiring, the fuel supply, or any combustible part of the motor vehicle.	X							
							8. SUSPENSION				
							a. Any U-bolt(s), spring hanger(s), or other axle positioning part(s) cracked, broken, loose or missing resulting in shifting of an axle from its normal position.				
							b. Spring Assembly				
							c. Torque, Radius or Tracking Components.				

INSTRUCTIONS: MARK COLUMN ENTRIES TO VERIFY INSPECTION: X OK, X NEEDS REPAIR, NA IF ITEMS DO NOT APPLY, _____ REPAIRED DATE

CERTIFICATION: THIS VEHICLE HAS PASSED ALL THE INSPECTION ITEMS FOR THE ANNUAL VEHICLE INSPECTION REPORT IN ACCORDANCE WITH 49 CFR 396.

ANNUAL VEHICLE INSPECTION REPORT

VEHICLE HISTORY RECORD	
REPORT NUMBER	FLEET UNIT NUMBER
	3100
DATE 3-6-17	

MOTOR CARRIER OPERATOR <u>Schroeder Ambulance</u>	INSPECTOR'S NAME (PRINT OR TYPE) <u>Troy Gickert</u>
ADDRESS <u>7600 Lambrook AC NW</u>	THIS INSPECTOR MEETS THE QUALIFICATION REQUIREMENTS IN SECTION 396.19. <input checked="" type="checkbox"/> YES
CITY, STATE, ZIP CODE <u>Acworth GA 30720</u>	VEHICLE IDENTIFICATION (✓) AND COMPLETE <input type="checkbox"/> LIC. PLATE NO. <input checked="" type="checkbox"/> VIN <input type="checkbox"/> OTHER <u>1FDSS39P59DA93563</u>
VEHICLE TYPE <input type="checkbox"/> TRACTOR <input type="checkbox"/> TRAILER <input type="checkbox"/> TRUCK <input type="checkbox"/> (OTHER)	INSPECTION AGENCY/LOCATION (OPTIONAL)

VEHICLE COMPONENTS INSPECTED											
OK	NEEDS REPAIR	REPAIRED DATE	ITEM	OK	NEEDS REPAIR	REPAIRED DATE	ITEM	OK	NEEDS REPAIR	REPAIRED DATE	ITEM
X			1. BRAKE SYSTEM	X			4. FUEL SYSTEM	X			9. FRAME
X			a. Service Brakes	X			a. Visible leak	X			a. Frame Members
X			b. Parking Brake System	X			b. Fuel tank filler cap missing	X			b. Tire and Wheel Clearance
X			c. Brake Drums or Rotors	X			c. Fuel tank securely attached	NA			c. Adjustable Axle Assemblies (Sliding Subframes)
X			d. Brake Hose								
X			e. Brake Tubing				5. LIGHTING DEVICES				10. TIRES
NA			f. Low Pressure Warning Device	X			All lighting devices and reflectors required by Section 393 shall be operable.	X			a. Tires on any steering axle of a power unit.
NA			g. Tractor Protection Valve					X			b. All other tires.
NA			h. Air Compressor				6. SAFE LOADING	X			11. WHEELS AND RIMS
NA			i. Electric Brakes	X			a. Part(s) of vehicle or condition of loading such that the spare tire or any part of the load or dunnage can fall onto the roadway.	NA			a. Lock or Side Ring
X			j. Hydraulic Brakes				b. Protection against shifting cargo	X			b. Wheels and Rims
X			k. Vacuum Systems					X			c. Fasteners
NA			2. COUPLING DEVICES	NA			7. STEERING MECHANISM	X			d. Welds
NA			a. Fifth Wheels				a. Steering Wheel Free Play				12. WINDSHIELD GLAZING
NA			b. Pintle Hooks				b. Steering Column				Requirements and exceptions as stated pertaining to any crack, discoloration or vision reducing matter (reference 393.60 for exceptions)
NA			c. Drawbar/Towbar Eye	X			c. Front Axle Beam and All Steering Components Other Than Steering Column				13. WINDSHIELD WIPERS
NA			d. Drawbar/Towbar Tongue	X			d. Steering Gear Box	X			Any power unit that has an inoperative wiper, or missing or damaged parts that render it ineffective.
NA			e. Safety Devices	X			e. Pitman Arm				List any other condition which may prevent safe operation of this vehicle.
NA			f. Saddle-Mounts	X			f. Power Steering				
X			3. EXHAUST SYSTEM				g. Ball and Socket Joints				
			a. Any exhaust system determined to be leaking at a point forward of or directly below the driver/sleeper compartment.	X			h. Tie Rods and Drag Links				
			b. A bus exhaust system leaking or discharging to the atmosphere in violation of standards (1), (2) or (3).	X			i. Nuts				
			c. No part of the exhaust system of any motor vehicle shall be so located as would be likely to result in burning, charring, or damaging the electrical wiring, the fuel supply, or any combustible part of the motor vehicle.	X			j. Steering System				
							8. SUSPENSION				
							a. Any U-bolt(s), spring hanger(s), or other axle positioning part(s) cracked, broken, loose or missing resulting in shifting of an axle from its normal position.				
							b. Spring Assembly				
							c. Torque, Radius or Tracking Components.				

INSTRUCTIONS: MARK COLUMN ENTRIES TO VERIFY INSPECTION: X OK, X NEEDS REPAIR, NA IF ITEMS DO NOT APPLY. REPAIRED DATE

CERTIFICATION: THIS VEHICLE HAS PASSED ALL THE INSPECTION ITEMS FOR THE ANNUAL VEHICLE INSPECTION REPORT IN ACCORDANCE WITH 49 CFR 396.

ORIGINAL

ANNUAL VEHICLE INSPECTION REPORT

VEHICLE HISTORY RECORD	
REPORT NUMBER	FLEET UNIT NUMBER
	2997
DATE 3-6-17	

MOTOR CARRIER/OPERATOR <u>School of Ambulance</u>	INSPECTOR'S NAME (PRINT OR TYPE) <u>Troy Gilbert</u>
ADDRESS <u>7600 LA Motada PC NW</u>	THIS INSPECTOR MEETS THE QUALIFICATION REQUIREMENTS IN SECTION 396.19. <u>YES</u>
CITY, STATE, ZIP CODE <u>ACB, Oregon NW 97100</u>	VEHICLE IDENTIFICATION (VIN) AND COMPLETE <input type="checkbox"/> LIC. PLATE NO. <input type="checkbox"/> VIN <input type="checkbox"/> OTHER <u>1FDLE35F02HB20987</u>
VEHICLE TYPE <input type="checkbox"/> TRACTOR <input type="checkbox"/> TRAILER <input type="checkbox"/> TRUCK <input type="checkbox"/> (OTHER)	INSPECTION AGENCY/LOCATION (OPTIONAL)

VEHICLE COMPONENTS INSPECTED											
OK	NEEDS REPAIR	REPAIRED DATE	ITEM	OK	NEEDS REPAIR	REPAIRED DATE	ITEM	OK	NEEDS REPAIR	REPAIRED DATE	ITEM
<input checked="" type="checkbox"/>			1. BRAKE SYSTEM	<input checked="" type="checkbox"/>			4. FUEL SYSTEM	<input checked="" type="checkbox"/>			9. FRAME
<input checked="" type="checkbox"/>			a. Service Brakes	<input checked="" type="checkbox"/>			a. Visible leak	<input checked="" type="checkbox"/>			a. Frame Members
<input checked="" type="checkbox"/>			b. Parking Brake System	<input checked="" type="checkbox"/>			b. Fuel tank filler cap missing	<input checked="" type="checkbox"/>			b. Tire and Wheel Clearance
<input checked="" type="checkbox"/>			c. Brake Drums or Rotors	<input checked="" type="checkbox"/>			c. Fuel tank securely attached	<input checked="" type="checkbox"/>			c. Adjustable Axle Assemblies (Sliding Subframes)
<input checked="" type="checkbox"/>			d. Brake Hose								
<input checked="" type="checkbox"/>			e. Brake Tubing				5. LIGHTING DEVICES	<input checked="" type="checkbox"/>			10. TIRES
<input checked="" type="checkbox"/>			f. Low Pressure Warning Device	<input checked="" type="checkbox"/>			All lighting devices and reflectors required by Section 393 shall be operable.	<input checked="" type="checkbox"/>			a. Tires on any steering axle of a power unit.
<input checked="" type="checkbox"/>			g. Tractor Protection Valve					<input checked="" type="checkbox"/>			b. All other tires.
<input checked="" type="checkbox"/>			h. Air Compressor	<input checked="" type="checkbox"/>			6. SAFE LOADING	<input checked="" type="checkbox"/>			11. WHEELS AND RIMS
<input checked="" type="checkbox"/>			i. Electric Brakes				a. Part(s) of vehicle or condition of loading such that the spare tire or any part of the load or dunnage can fall onto the roadway.	<input checked="" type="checkbox"/>			a. Lock or Side Ring
<input checked="" type="checkbox"/>			j. Hydraulic Brakes				b. Protection against shifting cargo	<input checked="" type="checkbox"/>			b. Wheels and Rims
<input checked="" type="checkbox"/>			k. Vacuum Systems					<input checked="" type="checkbox"/>			c. Fasteners
<input checked="" type="checkbox"/>			2. COUPLING DEVICES				7. STEERING MECHANISM	<input checked="" type="checkbox"/>			d. Welds
<input checked="" type="checkbox"/>			a. Fifth Wheels				a. Steering Wheel Free Play				12. WINDSHIELD GLAZING
<input checked="" type="checkbox"/>			b. Pintle Hooks				b. Steering Column				Requirements and exceptions as stated pertaining to any crack, discoloration or vision reducing matter (reference 393.60 for exceptions)
<input checked="" type="checkbox"/>			c. Drawbar/Towbar Eye				c. Front Axle Beam and All Steering Components Other Than Steering Column	<input checked="" type="checkbox"/>			13. WINDSHIELD WIPERS
<input checked="" type="checkbox"/>			d. Drawbar/Towbar Tongue				d. Steering Gear Box				Any power unit that has an inoperative wiper, or missing or damaged parts that render it ineffective.
<input checked="" type="checkbox"/>			e. Safety Devices				e. Pitman Arm				List any other condition which may prevent safe operation of this vehicle.
<input checked="" type="checkbox"/>			f. Saddle-Mounts				f. Power Steering				
			3. EXHAUST SYSTEM				g. Ball and Socket Joints				
			a. Any exhaust system determined to be leaking at a point forward of or directly below the driver/sleeper compartment.	<input checked="" type="checkbox"/>			h. Tie Rods and Drag Links				
			b. A bus exhaust system leaking or discharging to the atmosphere in violation of standards (1), (2) or (3).	<input checked="" type="checkbox"/>			i. Nuts				
			c. No part of the exhaust system of any motor vehicle shall be so located as would be likely to result in burning, charring, or damaging the electrical wiring, the fuel supply, or any combustible part of the motor vehicle.	<input checked="" type="checkbox"/>			j. Steering System				
							8. SUSPENSION				
							a. Any U-bolt(s), spring hanger(s), or other axle positioning part(s) cracked, broken, loose or missing resulting in shifting of an axle from its normal position.				
							b. Spring Assembly				
							c. Torque, Radius or Tracking Components.				

INSTRUCTIONS: MARK COLUMN ENTRIES TO VERIFY INSPECTION: X OK, X NEEDS REPAIR, NA IF ITEMS DO NOT APPLY. REPAIRED DATE

CERTIFICATION: THIS VEHICLE HAS PASSED ALL THE INSPECTION ITEMS FOR THE ANNUAL VEHICLE INSPECTION REPORT IN ACCORDANCE WITH 49 CFR 396.

ORIGINAL

ANNUAL VEHICLE INSPECTION REPORT

VEHICLE HISTORY RECORD	
REPORT NUMBER	FLEET UNIT NUMBER
	3101
DATE 3-5-17	

MOTOR CARRIER OPERATOR <u>Superior Air Balance</u>	INSPECTOR'S NAME (PRINT OR TYPE) <u>Troy G. Gidsett</u>
ADDRESS <u>7600 LA Morada Pkwy</u>	THIS INSPECTOR MEETS THE QUALIFICATION REQUIREMENTS IN SECTION 395.19. <input checked="" type="checkbox"/> YES
CITY, STATE, ZIP CODE <u>Acworth, GA 30100</u>	VEHICLE IDENTIFICATION (VIN) AND COMPLETE <input type="checkbox"/> LIC. PLATE NO. <input checked="" type="checkbox"/> VIN <input type="checkbox"/> OTHER <u>1FDWE35P94H8267</u>
VEHICLE TYPE <input type="checkbox"/> TRACTOR <input type="checkbox"/> TRAILER <input type="checkbox"/> TRUCK <input type="checkbox"/> (OTHER)	INSPECTION AGENCY/LOCATION (OPTIONAL)

VEHICLE COMPONENTS INSPECTED											
OK	NEEDS REPAIR	REPAIRED DATE	ITEM	OK	NEEDS REPAIR	REPAIRED DATE	ITEM	OK	NEEDS REPAIR	REPAIRED DATE	ITEM
<input checked="" type="checkbox"/>			1. BRAKE SYSTEM	<input checked="" type="checkbox"/>			4. FUEL SYSTEM	<input checked="" type="checkbox"/>			9. FRAME
<input checked="" type="checkbox"/>			a. Service Brakes	<input checked="" type="checkbox"/>			a. Visible leak	<input checked="" type="checkbox"/>			a. Frame Members
<input checked="" type="checkbox"/>			b. Parking Brake System	<input checked="" type="checkbox"/>			b. Fuel tank filler cap missing	<input checked="" type="checkbox"/>			b. Tire and Wheel Clearance
<input checked="" type="checkbox"/>			c. Brake Drums or Rotors	<input checked="" type="checkbox"/>			c. Fuel tank securely attached	<input checked="" type="checkbox"/>			c. Adjustable Axle Assemblies (Sliding Subframes)
<input checked="" type="checkbox"/>			d. Brake Hose								
<input checked="" type="checkbox"/>			e. Brake Tubing				5. LIGHTING DEVICES	<input checked="" type="checkbox"/>			10. TIRES
<input checked="" type="checkbox"/>			f. Low Pressure Warning Device	<input checked="" type="checkbox"/>			All lighting devices and reflectors required by Section 393 shall be operable.	<input checked="" type="checkbox"/>			a. Tires on any steering axle of a power unit.
<input checked="" type="checkbox"/>			g. Tractor Protection Valve					<input checked="" type="checkbox"/>			b. All other tires.
<input checked="" type="checkbox"/>			h. Air Compressor				6. SAFE LOADING	<input checked="" type="checkbox"/>			11. WHEELS AND RIMS
<input checked="" type="checkbox"/>			i. Electric Brakes	<input checked="" type="checkbox"/>			a. Part(s) of vehicle or condition of loading such that the spare tire or any part of the load or dunnage can fall onto the roadway.	<input checked="" type="checkbox"/>			a. Lock or Side Ring
<input checked="" type="checkbox"/>			j. Hydraulic Brakes				b. Protection against shifting cargo	<input checked="" type="checkbox"/>			b. Wheels and Rims
<input checked="" type="checkbox"/>			k. Vacuum Systems					<input checked="" type="checkbox"/>			c. Fasteners
<input checked="" type="checkbox"/>							7. STEERING MECHANISM	<input checked="" type="checkbox"/>			d. Welds
<input checked="" type="checkbox"/>			2. COUPLING DEVICES	<input checked="" type="checkbox"/>			a. Steering Wheel Free Play				12. WINDSHIELD GLAZING
<input checked="" type="checkbox"/>			a. Fifth Wheels	<input checked="" type="checkbox"/>			b. Steering Column				Requirements and exceptions as stated pertaining to any crack, discoloration or vision reducing matter (reference 393.60 for exceptions)
<input checked="" type="checkbox"/>			b. Pintle Hooks				c. Front Axle Beam and All Steering Components Other Than Steering Column	<input checked="" type="checkbox"/>			13. WINDSHIELD WIPERS
<input checked="" type="checkbox"/>			c. Drawbar/Towbar Eye	<input checked="" type="checkbox"/>			d. Steering Gear Box				Any power unit that has an inoperative wiper, or missing or damaged parts that render it ineffective.
<input checked="" type="checkbox"/>			d. Drawbar/Towbar Tongue	<input checked="" type="checkbox"/>			e. Pitman Arm				
<input checked="" type="checkbox"/>			e. Safety Devices	<input checked="" type="checkbox"/>			f. Power Steering				
<input checked="" type="checkbox"/>			f. Saddle-Mounts	<input checked="" type="checkbox"/>			g. Ball and Socket Joints				
<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>			h. Tie Rods and Drag Links				
<input checked="" type="checkbox"/>			3. EXHAUST SYSTEM	<input checked="" type="checkbox"/>			i. Nuts				
<input checked="" type="checkbox"/>			a. Any exhaust system determined to be leaking at a point forward of or directly below the driver/sleeper compartment.	<input checked="" type="checkbox"/>			j. Steering System				
<input checked="" type="checkbox"/>			b. A bus exhaust system leaking or discharging to the atmosphere in violation of standards (1), (2) or (3).	<input checked="" type="checkbox"/>							
<input checked="" type="checkbox"/>			c. No part of the exhaust system of any motor vehicle shall be so located as would be likely to result in burning, charring, or damaging the electrical wiring, the fuel supply, or any combustible part of the motor vehicle.	<input checked="" type="checkbox"/>			8. SUSPENSION				
<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>			a. Any U-bolt(s), spring hanger(s), or other axle positioning part(s) cracked, broken, loose or missing resulting in shifting of an axle from its normal position.				
<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>			b. Spring Assembly				
<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>			c. Torque, Radius or Tracking Components.				

INSTRUCTIONS: MARK COLUMN ENTRIES TO VERIFY INSPECTION: ☒ OK, ☒ NEEDS REPAIR, ☒ NA IF ITEMS DO NOT APPLY, _____ REPAIRED DATE

CERTIFICATION: THIS VEHICLE HAS PASSED ALL THE INSPECTION ITEMS FOR THE ANNUAL VEHICLE INSPECTION REPORT IN ACCORDANCE WITH 49 CFR 396.

ANNUAL VEHICLE INSPECTION REPORT

VEHICLE HISTORY RECORD	
REPORT NUMBER	FLEET UNIT NUMBER
	2990
DATE 3/5/17	

MOTOR CARRIER OPERATOR <u>Superior Ambulance</u>	INSPECTOR'S NAME (PRINT OR TYPE) <u>Andrew</u>
ADDRESS	THIS INSPECTOR MEETS THE QUALIFICATION REQUIREMENTS IN SECTION 396.19. <input checked="" type="checkbox"/> YES
CITY, STATE, ZIP CODE	VEHICLE IDENTIFICATION (✓) AND COMPLETE <input type="checkbox"/> LIC. PLATE NO. <input checked="" type="checkbox"/> VIN <input type="checkbox"/> OTHER <u>1FDSS34P66D306071</u>
VEHICLE TYPE <input type="checkbox"/> TRACTOR <input type="checkbox"/> TRAILER <input type="checkbox"/> TRUCK <input type="checkbox"/> (OTHER)	INSPECTION AGENCY/LOCATION (OPTIONAL)

VEHICLE COMPONENTS INSPECTED											
OK	NEEDS REPAIR	REPAIRED DATE	ITEM	OK	NEEDS REPAIR	REPAIRED DATE	ITEM	OK	NEEDS REPAIR	REPAIRED DATE	ITEM
<input checked="" type="checkbox"/>			1. BRAKE SYSTEM	<input checked="" type="checkbox"/>			4. FUEL SYSTEM	<input checked="" type="checkbox"/>			9. FRAME
<input checked="" type="checkbox"/>			a. Service Brakes	<input checked="" type="checkbox"/>			a. Visible leak	<input checked="" type="checkbox"/>			a. Frame Members
<input checked="" type="checkbox"/>			b. Parking Brake System	<input checked="" type="checkbox"/>			b. Fuel tank filler cap missing	<input checked="" type="checkbox"/>			b. Tire and Wheel Clearance
<input checked="" type="checkbox"/>			c. Brake Drums or Rotors	<input checked="" type="checkbox"/>			c. Fuel tank securely attached	<input checked="" type="checkbox"/>			c. Adjustable Axle Assemblies (Sliding Subframes)
<input checked="" type="checkbox"/>			d. Brake Hose	<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			e. Brake Tubing	<input checked="" type="checkbox"/>			5. LIGHTING DEVICES	<input checked="" type="checkbox"/>			10. TIRES
<input checked="" type="checkbox"/>			f. Low Pressure Warning Device	<input checked="" type="checkbox"/>			All lighting devices and reflectors required by Section 393 shall be operable.	<input checked="" type="checkbox"/>			a. Tires on any steering axle of a power unit.
<input checked="" type="checkbox"/>			g. Tractor Protection Valve	<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>			b. All other tires.
<input checked="" type="checkbox"/>			h. Air Compressor	<input checked="" type="checkbox"/>			6. SAFE LOADING	<input checked="" type="checkbox"/>			11. WHEELS AND RIMS
<input checked="" type="checkbox"/>			i. Electric Brakes	<input checked="" type="checkbox"/>			a. Part(s) of vehicle or condition of loading such that the spare tire or any part of the load or dunnage can fall onto the roadway.	<input checked="" type="checkbox"/>			a. Lock or Side Ring
<input checked="" type="checkbox"/>			j. Hydraulic Brakes	<input checked="" type="checkbox"/>			b. Protection against shifting cargo	<input checked="" type="checkbox"/>			b. Wheels and Rims
<input checked="" type="checkbox"/>			k. Vacuum Systems	<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>			c. Fasteners
<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>			7. STEERING MECHANISM	<input checked="" type="checkbox"/>			d. Welds
<input checked="" type="checkbox"/>			2. COUPLING DEVICES	<input checked="" type="checkbox"/>			a. Steering Wheel Free Play	<input checked="" type="checkbox"/>			12. WINDSHIELD GLAZING
<input checked="" type="checkbox"/>			a. Fifth Wheels	<input checked="" type="checkbox"/>			b. Steering Column	<input checked="" type="checkbox"/>			Requirements and exceptions as stated pertaining to any crack, discoloration or vision reducing matter (reference 393.60 for exceptions)
<input checked="" type="checkbox"/>			b. Pintle Hooks	<input checked="" type="checkbox"/>			c. Front Axle Beam and All Steering Components Other Than Steering Column	<input checked="" type="checkbox"/>			13. WINDSHIELD WIPERS
<input checked="" type="checkbox"/>			c. Drawbar/Towbar Eye	<input checked="" type="checkbox"/>			d. Steering Gear Box	<input checked="" type="checkbox"/>			Any power unit that has an inoperative wiper, or missing or damaged parts that render it ineffective.
<input checked="" type="checkbox"/>			d. Drawbar/Towbar Tongue	<input checked="" type="checkbox"/>			e. Pitman Arm	<input checked="" type="checkbox"/>			List any other condition which may prevent safe operation of this vehicle.
<input checked="" type="checkbox"/>			e. Safety Devices	<input checked="" type="checkbox"/>			f. Power Steering	<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			f. Saddle-Mounts	<input checked="" type="checkbox"/>			g. Ball and Socket Joints	<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>			h. Tie Rods and Drag Links	<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			3. EXHAUST SYSTEM	<input checked="" type="checkbox"/>			i. Nuts	<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			a. Any exhaust system determined to be leaking at a point forward of or directly below the driver/sleeper compartment.	<input checked="" type="checkbox"/>			j. Steering System	<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			b. A bus exhaust system leaking or discharging to the atmosphere in violation of standards (1), (2) or (3).	<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			c. No part of the exhaust system of any motor vehicle shall be so located as would be likely to result in burning, charring, or damaging the electrical wiring, the fuel supply, or any combustible part of the motor vehicle.	<input checked="" type="checkbox"/>			8. SUSPENSION	<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>			a. Any U-bolt(s), spring hanger(s), or other axle positioning part(s) cracked, broken, loose or missing resulting in shifting of an axle from its normal position.	<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>			b. Spring Assembly	<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>			c. Torque, Radius or Tracking Components.	<input checked="" type="checkbox"/>			

INSTRUCTIONS: MARK COLUMN ENTRIES TO VERIFY INSPECTION: X OK, X NEEDS REPAIR, NA IF ITEMS DO NOT APPLY. _____ REPAIRED DATE

CERTIFICATION: THIS VEHICLE HAS PASSED ALL THE INSPECTION ITEMS FOR THE ANNUAL VEHICLE INSPECTION REPORT IN ACCORDANCE WITH 49 CFR 396.

ANNUAL VEHICLE INSPECTION REPORT

VEHICLE HISTORY RECORD	
REPORT NUMBER	FLEET UNIT NUMBER
	3108
DATE 3-5-17	

MOTOR CARRIER OPERATOR <u>Scholar Am Balance</u>	INSPECTOR'S NAME (PRINT OR TYPE) <u>Troy GicBort</u>
ADDRESS 	THIS INSPECTOR MEETS THE QUALIFICATION REQUIREMENTS IN SECTION 396.19. <input checked="" type="checkbox"/> YES
CITY, STATE, ZIP CODE 	VEHICLE IDENTIFICATION (✓) AND COMPLETE <input type="checkbox"/> LIC. PLATE NO. <input checked="" type="checkbox"/> VIN <input type="checkbox"/> OTHER <u>1FDSS34P39DA75336</u>
VEHICLE TYPE <input type="checkbox"/> TRACTOR <input type="checkbox"/> TRAILER <input type="checkbox"/> TRUCK <input type="checkbox"/> (OTHER)	INSPECTION AGENCY/LOCATION (OPTIONAL)

VEHICLE COMPONENTS INSPECTED											
OK	NEEDS REPAIR	REPAIRED DATE	ITEM	OK	NEEDS REPAIR	REPAIRED DATE	ITEM	OK	NEEDS REPAIR	REPAIRED DATE	ITEM
X			1. BRAKE SYSTEM	X			4. FUEL SYSTEM	X			9. FRAME
X			a. Service Brakes	X			a. Visible leak	X			a. Frame Members
X			b. Parking Brake System	X			b. Fuel tank filler cap missing	X			b. Tire and Wheel Clearance
X			c. Brake Drums or Rotors	X			c. Fuel tank securely attached	NA			c. Adjustable Axle Assemblies (Sliding Subframes)
X			d. Brake Hose								
X			e. Brake Tubing				5. LIGHTING DEVICES				10. TIRES
NA			f. Low Pressure Warning Device	X			All lighting devices and reflectors required by Section 393 shall be operable.	X			a. Tires on any steering axle of a power unit.
NA			g. Tractor Protection Valve					X			b. All other tires.
NA			h. Air Compressor				6. SAFE LOADING	X			11. WHEELS AND RIMS
NA			i. Electric Brakes	X			a. Part(s) of vehicle or condition of loading such that the spare tire or any part of the load or dunnage can fall onto the roadway.	NA			a. Lock or Side Ring
X			j. Hydraulic Brakes				b. Protection against shifting cargo	X			b. Wheels and Rims
X			k. Vacuum Systems					X			c. Fasteners
NA			2. COUPLING DEVICES	NA				X			d. Welds
NA			a. Fifth Wheels				7. STEERING MECHANISM				12. WINDSHIELD GLAZING
NA			b. Pintle Hooks				a. Steering Wheel Free Play				Requirements and exceptions as stated pertaining to any crack, discoloration or vision reducing matter (reference 393.60 for exceptions)
NA			c. Drawbar/Towbar Eye				b. Steering Column				
NA			d. Drawbar/Towbar Tongue	X			c. Front Axle Beam and All Steering Components Other Than Steering Column	X			13. WINDSHIELD WIPERS
NA			e. Safety Devices	X			d. Steering Gear Box				Any power unit that has an inoperative wiper, or missing or damaged parts that render it ineffective.
NA			f. Saddle-Mounts	X			e. Pitman Arm				
X			3. EXHAUST SYSTEM				f. Power Steering				List any other condition which may prevent safe operation of this vehicle.
			a. Any exhaust system determined to be leaking at a point forward of or directly below the driver/sleeper compartment.	X			g. Ball and Socket Joints				
NA			b. A bus exhaust system leaking or discharging to the atmosphere in violation of standards (1), (2) or (3).	X			h. Tie Rods and Drag Links				
			c. No part of the exhaust system of any motor vehicle shall be so located as would be likely to result in burning, charring, or damaging the electrical wiring, the fuel supply, or any combustible part of the motor vehicle.	X			i. Nuts				
X				X			j. Steering System				
							8. SUSPENSION				
							a. Any U-bolt(s), spring hanger(s), or other axle positioning part(s) cracked, broken, loose or missing resulting in shifting of an axle from its normal position.				
							b. Spring Assembly				
							c. Torque, Radius or Tracking Components.				

INSTRUCTIONS: MARK COLUMN ENTRIES TO VERIFY INSPECTION: X OK, X NEEDS REPAIR, NA IF ITEMS DO NOT APPLY, _____ REPAIRED DATE

CERTIFICATION: THIS VEHICLE HAS PASSED ALL THE INSPECTION ITEMS FOR THE ANNUAL VEHICLE INSPECTION REPORT IN ACCORDANCE WITH 49 CFR 396.

ORIGINAL

ANNUAL VEHICLE INSPECTION REPORT

VEHICLE HISTORY RECORD	
REPORT NUMBER	FLEET UNIT NUMBER
	2998
DATE	
3-5-17	

MOTOR CARRIER OPERATOR <i>Superior Arm Balance</i>	INSPECTOR'S NAME (PRINT OR TYPE) <i>TROY G. CLARK</i>
ADDRESS <i>7600 Cambridge Ave NW</i>	THIS INSPECTOR MEETS THE QUALIFICATION REQUIREMENTS IN SECTION 396.19. <input checked="" type="checkbox"/> YES
CITY, STATE, ZIP CODE <i>ALBUQUERQUE NM 87120</i>	VEHICLE IDENTIFICATION (✓) AND COMPLETE <input type="checkbox"/> LIC. PLATE NO. <input checked="" type="checkbox"/> VIN <input type="checkbox"/> OTHER <i>1FDSS34P16D B06076</i>
VEHICLE TYPE <input type="checkbox"/> TRACTOR <input type="checkbox"/> TRAILER <input type="checkbox"/> TRUCK <input type="checkbox"/> (OTHER)	INSPECTION AGENCY/LOCATION (OPTIONAL)

VEHICLE COMPONENTS INSPECTED											
OK	NEEDS REPAIR	REPAIRED DATE	ITEM	OK	NEEDS REPAIR	REPAIRED DATE	ITEM	OK	NEEDS REPAIR	REPAIRED DATE	ITEM
<input checked="" type="checkbox"/>			1. BRAKE SYSTEM	<input checked="" type="checkbox"/>			4. FUEL SYSTEM	<input checked="" type="checkbox"/>			9. FRAME
<input checked="" type="checkbox"/>			a. Service Brakes	<input checked="" type="checkbox"/>			a. Visible leak	<input checked="" type="checkbox"/>			a. Frame Members
<input checked="" type="checkbox"/>			b. Parking Brake System	<input checked="" type="checkbox"/>			b. Fuel tank filler cap missing	<input checked="" type="checkbox"/>			b. Tire and Wheel Clearance
<input checked="" type="checkbox"/>			c. Brake Drums or Rotors	<input checked="" type="checkbox"/>			c. Fuel tank securely attached	<input checked="" type="checkbox"/>			c. Adjustable Axle Assemblies (Sliding Subframes)
<input checked="" type="checkbox"/>			d. Brake Hose								
<input checked="" type="checkbox"/>			e. Brake Tubing	<input checked="" type="checkbox"/>			5. LIGHTING DEVICES	<input checked="" type="checkbox"/>			10. TIRES
<input checked="" type="checkbox"/>			f. Low Pressure Warning Device				All lighting devices and reflectors required by Section 393 shall be operable.	<input checked="" type="checkbox"/>			a. Tires on any steering axle of a power unit.
<input checked="" type="checkbox"/>			g. Tractor Protection Valve					<input checked="" type="checkbox"/>			b. All other tires.
<input checked="" type="checkbox"/>			h. Air Compressor	<input checked="" type="checkbox"/>			6. SAFE LOADING	<input checked="" type="checkbox"/>			11. WHEELS AND RIMS
<input checked="" type="checkbox"/>			i. Electric Brakes				a. Part(s) of vehicle or condition of loading such that the spare tire or any part of the load or dunnage can fall onto the roadway.	<input checked="" type="checkbox"/>			a. Lock or Side Ring
<input checked="" type="checkbox"/>			j. Hydraulic Brakes				b. Protection against shifting cargo	<input checked="" type="checkbox"/>			b. Wheels and Rims
<input checked="" type="checkbox"/>			k. Vacuum Systems					<input checked="" type="checkbox"/>			c. Fasteners
<input checked="" type="checkbox"/>							7. STEERING MECHANISM	<input checked="" type="checkbox"/>			d. Welds
<input checked="" type="checkbox"/>			2. COUPLING DEVICES				a. Steering Wheel Free Play				12. WINDSHIELD GLAZING
<input checked="" type="checkbox"/>			a. Fifth Wheels				b. Steering Column				Requirements and exceptions as stated pertaining to any crack, discoloration or vision reducing matter (reference 393.60 for exceptions)
<input checked="" type="checkbox"/>			b. Pintle Hooks				c. Front Axle Beam and All Steering Components Other Than Steering Column	<input checked="" type="checkbox"/>			13. WINDSHIELD WIPERS
<input checked="" type="checkbox"/>			c. Drawbar/Towbar Eye				d. Steering Gear Box				Any power unit that has an inoperative wiper, or missing or damaged parts that render it ineffective.
<input checked="" type="checkbox"/>			d. Drawbar/Towbar Tongue				e. Pitman Arm				
<input checked="" type="checkbox"/>			e. Safety Devices				f. Power Steering				
<input checked="" type="checkbox"/>			f. Saddle-Mounts				g. Ball and Socket Joints				
<input checked="" type="checkbox"/>							h. Tie Rods and Drag Links				
<input checked="" type="checkbox"/>			3. EXHAUST SYSTEM				i. Nuts				
<input checked="" type="checkbox"/>			a. Any exhaust system determined to be leaking at a point forward of or directly below the driver/sleeper compartment.	<input checked="" type="checkbox"/>			j. Steering System				
<input checked="" type="checkbox"/>			b. A bus exhaust system leaking or discharging to the atmosphere in violation of standards (1), (2) or (3).	<input checked="" type="checkbox"/>							
<input checked="" type="checkbox"/>			c. No part of the exhaust system of any motor vehicle shall be so located as would be likely to result in burning, charring, or damaging the electrical wiring, the fuel supply, or any combustible part of the motor vehicle.	<input checked="" type="checkbox"/>			8. SUSPENSION				
<input checked="" type="checkbox"/>							a. Any U-bolt(s), spring hanger(s), or other axle positioning part(s) cracked, broken, loose or missing resulting in shifting of an axle from its normal position.				
<input checked="" type="checkbox"/>							b. Spring Assembly				
<input checked="" type="checkbox"/>							c. Torque, Radius or Tracking Components.				

INSTRUCTIONS: MARK COLUMN ENTRIES TO VERIFY INSPECTION: ☒ OK, ☒ NEEDS REPAIR, ☒ NA IF ITEMS DO NOT APPLY, _____ REPAIRED DATE

CERTIFICATION: THIS VEHICLE HAS PASSED ALL THE INSPECTION ITEMS FOR THE ANNUAL VEHICLE INSPECTION REPORT IN ACCORDANCE WITH 49 CFR 396.

ANNUAL VEHICLE INSPECTION REPORT

VEHICLE HISTORY RECORD	
REPORT NUMBER	FLEET UNIT NUMBER
	2999
DATE 3-9-17	

MOTOR CARRIER OPERATOR <u>Superior Amulance</u>	INSPECTOR'S NAME (PRINT OR TYPE) <u>Troy Gickert</u>
ADDRESS <u>7600 Camotada Pa</u>	THIS INSPECTOR MEETS THE QUALIFICATION REQUIREMENTS IN SECTION 395.19. <u>YES</u>
CITY, STATE, ZIP CODE <u>McBurdore Pa 87120</u>	VEHICLE IDENTIFICATION (VIN) AND COMPLETE <input type="checkbox"/> LIC. PLATE NO. <input checked="" type="checkbox"/> VIN <input type="checkbox"/> OTHER
VEHICLE TYPE <input type="checkbox"/> TRACTOR <input type="checkbox"/> TRAILER <input type="checkbox"/> TRUCK <input type="checkbox"/> (OTHER)	INSPECTION AGENCY/LOCATION (OPTIONAL)

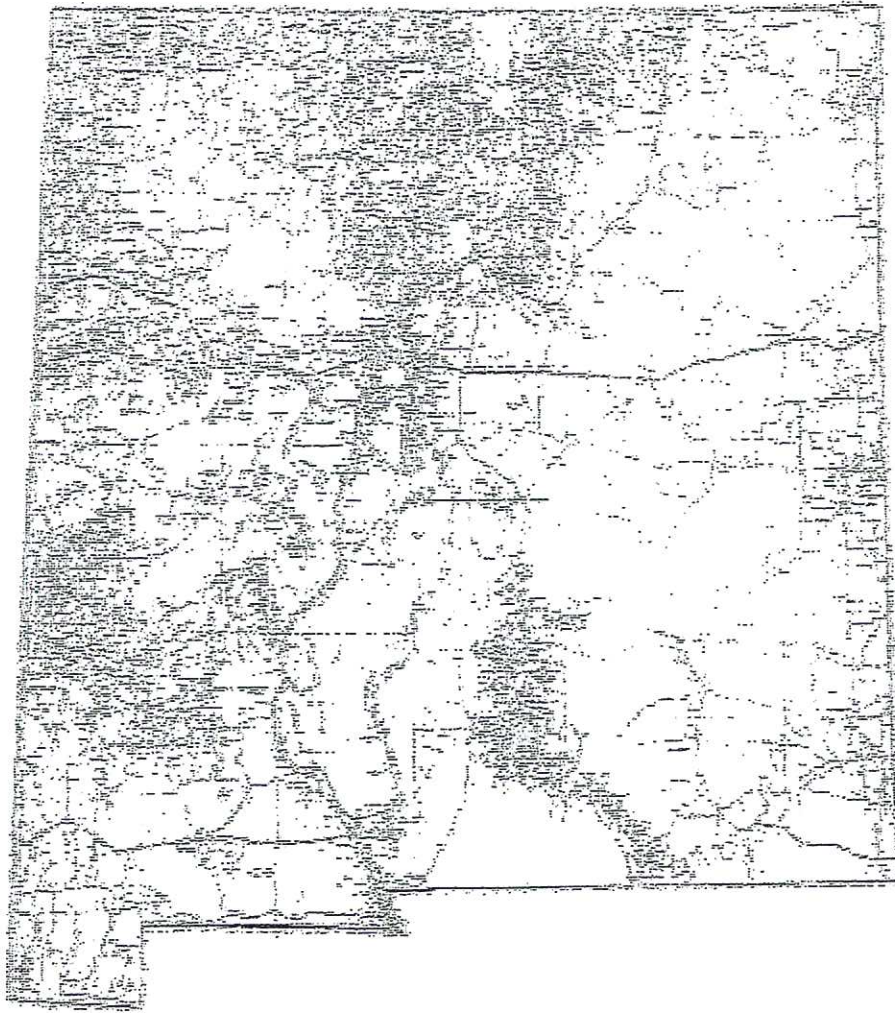
VEHICLE COMPONENTS INSPECTED							
OK	NEEDS REPAIR	REPAIRED DATE	ITEM	OK	NEEDS REPAIR	REPAIRED DATE	ITEM
<input checked="" type="checkbox"/>			1. BRAKE SYSTEM	<input checked="" type="checkbox"/>			4. FUEL SYSTEM
<input checked="" type="checkbox"/>			a. Service Brakes	<input checked="" type="checkbox"/>			a. Visible leak
<input checked="" type="checkbox"/>			b. Parking Brake System	<input checked="" type="checkbox"/>			b. Fuel tank filler cap missing
<input checked="" type="checkbox"/>			c. Brake Drums or Rotors	<input checked="" type="checkbox"/>			c. Fuel tank securely attached
<input checked="" type="checkbox"/>			d. Brake Hose				5. LIGHTING DEVICES
<input checked="" type="checkbox"/>			e. Brake Tubing				All lighting devices and reflectors required by Section 393 shall be operable.
<input checked="" type="checkbox"/>			f. Low Pressure Warning Device	<input checked="" type="checkbox"/>			6. SAFE LOADING
<input checked="" type="checkbox"/>			g. Tractor Protection Valve				a. Part(s) of vehicle or condition of loading such that the spare tire or any part of the load or dunnage can fall onto the roadway.
<input checked="" type="checkbox"/>			h. Air Compressor	<input checked="" type="checkbox"/>			b. Protection against shifting cargo
<input checked="" type="checkbox"/>			i. Electric Brakes				7. STEERING MECHANISM
<input checked="" type="checkbox"/>			j. Hydraulic Brakes				a. Steering Wheel Free Play
<input checked="" type="checkbox"/>			k. Vacuum Systems				b. Steering Column
<input checked="" type="checkbox"/>			2. COUPLING DEVICES				c. Front Axle Beam and All Steering Components Other Than Steering Column
<input checked="" type="checkbox"/>			a. Fifth Wheels	<input checked="" type="checkbox"/>			d. Steering Gear Box
<input checked="" type="checkbox"/>			b. Pintle Hooks				e. Pitman Arm
<input checked="" type="checkbox"/>			c. Drawbar/Towbar Eye	<input checked="" type="checkbox"/>			f. Power Steering
<input checked="" type="checkbox"/>			d. Drawbar/Towbar Tongue	<input checked="" type="checkbox"/>			g. Ball and Socket Joints
<input checked="" type="checkbox"/>			e. Safety Devices	<input checked="" type="checkbox"/>			h. Tie Rods and Drag Links
<input checked="" type="checkbox"/>			f. Saddle-Mounts	<input checked="" type="checkbox"/>			i. Nuts
<input checked="" type="checkbox"/>			3. EXHAUST SYSTEM				j. Steering System
<input checked="" type="checkbox"/>			a. Any exhaust system determined to be leaking at a point forward of or directly below the driver/sleeper compartment.	<input checked="" type="checkbox"/>			8. SUSPENSION
<input checked="" type="checkbox"/>			b. A bus exhaust system leaking or discharging to the atmosphere in violation of standards (1), (2) or (3).	<input checked="" type="checkbox"/>			a. Any U-bolt(s), spring hanger(s), or other axle positioning part(s) cracked, broken, loose or missing resulting in shifting of an axle from its normal position.
<input checked="" type="checkbox"/>			c. No part of the exhaust system of any motor vehicle shall be so located as would be likely to result in burning, charring, or damaging the electrical wiring, the fuel supply, or any combustible part of the motor vehicle.	<input checked="" type="checkbox"/>			b. Spring Assembly
							c. Torque, Radius or Tracking Components.
							9. FRAME
							a. Frame Members
							b. Tire and Wheel Clearance
							c. Adjustable Axle Assemblies (Sliding Subframes)
							10. TIRES
							a. Tires on any steering axle of a power unit.
							b. All other tires.
							11. WHEELS AND RIMS
							a. Lock or Side Ring
							b. Wheels and Rims
							c. Fasteners
							d. Welds
							12. WINDSHIELD GLAZING
							Requirements and exceptions as stated pertaining to any crack, discoloration or vision reducing matter (reference 393.60 for exceptions)
							13. WINDSHIELD WIPERS
							Any power unit that has an inoperative wiper, or missing or damaged parts that render it ineffective.
							List any other condition which may prevent safe operation of this vehicle.

INSTRUCTIONS: MARK COLUMN ENTRIES TO VERIFY INSPECTION: ☒ OK, ☒ NEEDS REPAIR, ☒ NA IF ITEMS DO NOT APPLY. ☐ REPAIRED DATE

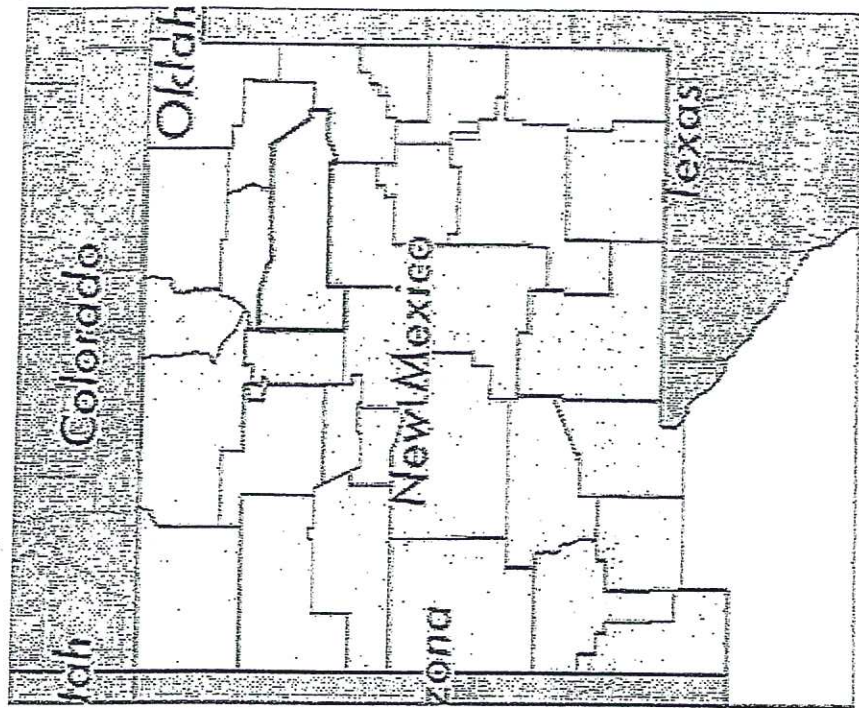
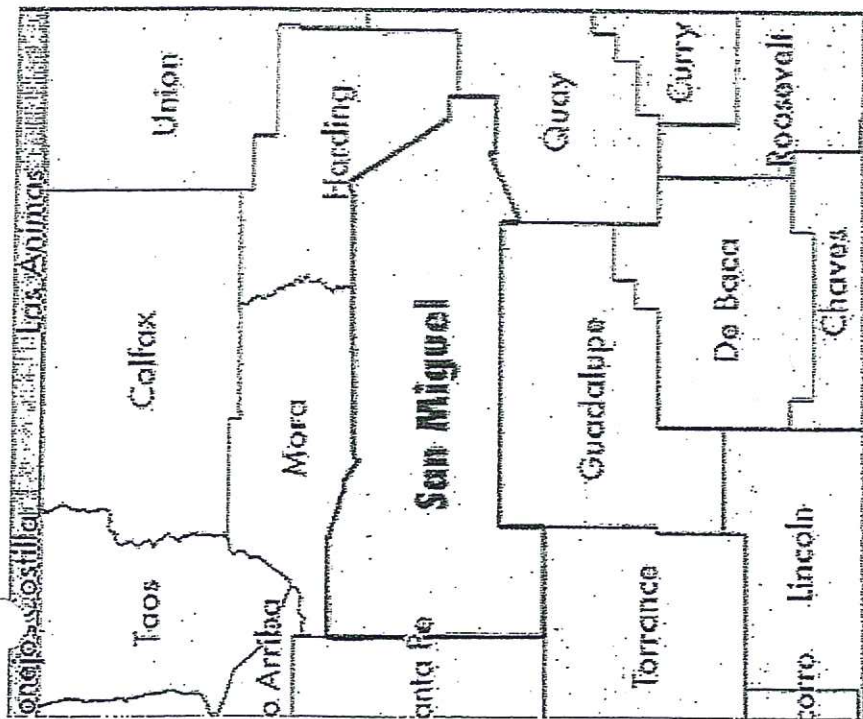
CERTIFICATION: THIS VEHICLE HAS PASSED ALL THE INSPECTION ITEMS FOR THE ANNUAL VEHICLE INSPECTION REPORT IN ACCORDANCE WITH 49 CFR 396.

SUPERIOR AMBULANCE SERVICE, INC.

Statewide Patient Transportation

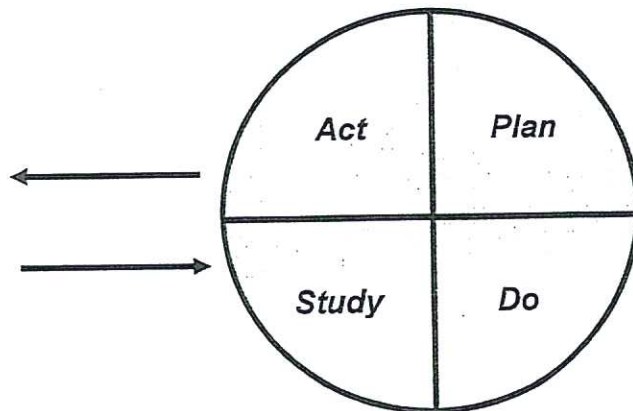
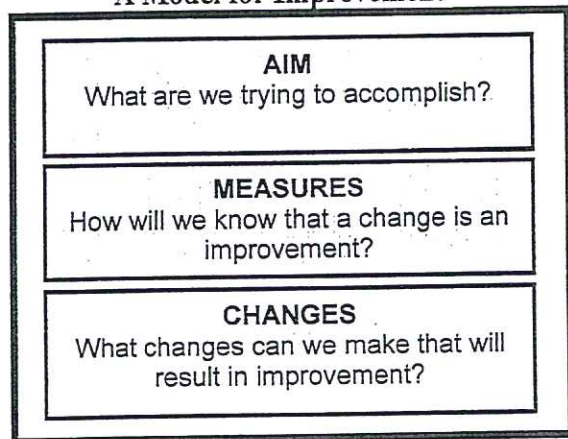


Superior Ambulance Service operates within a statewide authority as approved by the New Mexico Public Regulation Commission. Superior Ambulance operates in six municipalities including Albuquerque/Bernalillo County, Las Vegas/San Miguel County, Roswell/Chavez County, Santa Fe, Torrance County and the Village of Pecos. Superior Ambulance operations provide 911 emergency and emergency and Non-emergency inter-facility transports to hospitals and medical facilities statewide and regionally.





A Model for Improvement



**ALBUQUERQUE / BERNALILLO COUNTY
LAS VEGAS / SAN MIGUEL COUNTY
VILLAGE OF PECOS
ROSWELL / CHAVES COUNTY
SANTA FE / SANTA FE COUNTY
TORRANCE COUNTY**

**QUALITY ASSURANCE / IMPROVEMENT
POLICIES & PROCEDURES**

**Original Effective Date: September 1, 2009
Revised & Accepted, July 01, 2017, Revision #: 6**

QUALITY ASSURANCE POLICY

PERSONAL COMMITMENT

The committee can only provide the essential tools necessary to improve the quality of care and documentation. The final success of the QA program will be measured by the commitment of the personnel to apply these tools effectively.

PURPOSE

Superior Ambulance Service (SAS) is a pre-hospital emergent and non-emergent healthcare and transport service with transport capabilities at the BLS, ILS and ALS provider levels. Although we are based in Albuquerque, NM, we provide services throughout the State of New Mexico and the surrounding regions including, but not limited to, Arizona, Texas and Colorado. SAS is committed to providing optimal patient care at the highest level at all times. Patient care and advocacy is the primary focus when called upon by the various facilities and counties we serve.

SCOPE OF PROGRAM

Monitoring quality assurance of patient care and customer service and identifying any deviations from policies and protocols. The scope of the QA program includes any and all providers of SAS, services provided by those employees.

PROTOCOLS

SAS utilizes the State of New Mexico EMS System Protocols. These protocols are updated on a quarterly basis as follows: January, April, July and October of each year. As changes are made to these protocols, in-service training of field providers will take place prior to their implementation.

LEVEL OF PROVIDER SERVICES

SAS is located at 7600 La Morada Pl. NW, Albuquerque, NM 87120. SAS operates at the following provider levels: Emergency Medical Technician – Basic (EMT-B), Emergency Medical Technician – Intermediate (EMT-I), Emergency Medical Technician – Paramedic (EMT-P), Critical Care Emergency Medical Technician-Paramedic (CCEMT-P) and Registered Nurse (RN)

SAS utilizes BLS, ILS, ALS and critical care levels for emergent and non-emergent transports. All incoming calls are screened by Communication Specialists within the Communications Center for the appropriate provider level and are dispatched according to dispatch protocols.

QUALITY ASSURANCE PROGRAM GOALS

The goal of the QA program is to ensure that quality, safety and consistent delivery of patient care is performed in the most efficient, effective and highest standards available. The QA program guides each provider within SAS by adhering to the QA program, their actions will ensure that the following goals are met:

1. Appropriate Care of Patients:

It is the goal of SAS to deliver care that is appropriate and competent in nature that will contribute to the overall best possible outcome for the patient. It will be expected that each EMS provider be competent at their level of licensure. This will be evaluated during their orientation period during

skills assessment, as well as an on-going review of the providers patient care reports and periodic evaluation processes.

2. The providers will be able to identify the patients pre-hospital needs:

SAS medical personnel will be able to identify the patient's medical situation, assess the patient appropriately and render the medically necessary treatments to ensure the best medical care available by a pre-hospital organization. By ensuring healthcare provider competency and employee involvement in patient care options, the highest quality patient care possible will be achieved and will serve as the benchmark for service proficiency.

3. Orientation, on-going education opportunities and medical direction:

SAS will provide a comprehensive orientation program in which new employees are educated regarding the high standards that will be placed on them as SAS healthcare providers. On-going educational programs will be put in place that will provide continuous updates on State and Local Protocols, Company Policies and Procedures as well as other pertinent information for both new and current employees. On-going training will ensure well-informed and knowledgeable employees through field and skills evaluations, in-service education, continuous education courses, workshops and medical direction education.

4. Patient risk will be minimized:

SAS places a high performance standard on our employees. Due to our educational commitment, our quest is to hire only the most qualified individuals to provide excellent patient care and represent our company. Through our stringent on-going educational procedures, and both field and clinical skills evaluations, we will create an environment that minimizes healthcare risks to the patient and enables SAS to provide the highest quality pre-hospital healthcare available.

5. Compliance with Local, State and Federal laws and regulations:

SAS follows, maintains and documents all necessary components of our EMS service so that we ensure compliance with all Local, County, State and Federal laws and regulations. Furthermore, we are constantly looking for ways that will allow us to upgrade our services, document the necessity for those services and present a comprehensive plan to the appropriate governing committee for approval of these service upgrades. SAS will, at all times, be above and beyond the status quo in all of its activities and act as a leader in the search for the most appropriate and technologically advanced procedures and equipment.

OBJECTIVES

Superior Ambulance Services will:

1. Develop and implement effective quality assurance activities that coincide with the goals; objectives and purpose of this plan.
2. Ensure that the highest level of care is accessible to the patient at all times beginning with the hiring of highly qualified providers.
3. Have in place an evaluation process that measures the delivery of pre-hospital healthcare services.

4. Collect, review and analyze data to identify problems and discover opportunities to improve patient outcomes.
5. Have in place a process in which healthcare providers are monitored for appropriate patient care, skill level, performance efficiency (job performance) and that the service maintains best practice performance and healthcare delivery.
6. Have in place a method of communication that enables us to communicate the outcome of quality assurance issues to the appropriate individuals involved.
7. Correlate the findings of quality assurance activities with the content of orientation classes, continuing education classes and in-service activities that resolve problems and heighten the quality of your service.
8. Take part in and participate with other outside area EMS services in activities that will enable us to work with and maintain the highest continuity of healthcare available.
9. Utilize the following evaluation processes as part of its QA process:
 - Retrospective
 - Concurrent
 - Proactive

Retrospective: Data collection will be used to quantitatively measure the effectiveness of our EMS service. Upon the completion of each patient transport, the provider will complete an accurate patient care report documenting all treatment modalities while in our care. The parameters that will be measured include the following:

- Run report audits – documented historical events
- Response times – Skill proficiency

Concurrent: This measurement will focus on the field performance of our healthcare providers from an educational approach with an emphasis on complimenting good work, offering feedback in a positive manner for the improvement of patient care and demonstrating managements support for the healthcare providers we employ. Three profiles will be reviewed in this program:

- Call management
- Patient assessment
- Patient treatment

Proactive: Based upon data collected, we will be able to identify problem areas and create training programs to alleviate these problems through a continuous education process. These continuous education processes may include, but is not limited to:

- Continuous Education Training (CEU) offered monthly by SAS.
- Distribution of relevant pre-hospital EMS journals/articles
- Attendance at medical conferences

10. SAS will strive to maintain an educational base that allows its providers the ability to maintain a knowledge base of information, the ability to obtain continuing education coursework, refresher classes and licensure renewal.
11. SAS administration will maintain a policy of commitment to our employees, and consistently support our employees by providing them the educational opportunities and information needed to maintain

their high level of healthcare service. This includes the expedient investigation of any and all issues that arise from the performance of their duties.

QA COMMITTEE

The committee will consist of 5 members made up of one (1) EMT-Basic, one (1) EMT-Intermediate and one (1) EMT-Paramedic, and a member of dispatch. The committee will be headed by the Quality Assurance /Training Manager in consult with the Medical Director and report directly to the Director of Operations.

Each member of the QA committee will be required to serve a minimum of one (1) year to allow growth amongst other personnel in the organization. Each member will be required to attend a minimum of 80% of the scheduled meetings.

With the expectations of SAS employees and the quality of care we need to provide, it is necessary that experienced and qualified individuals occupy the positions on the QA committee. At minimum, the members will;

- Have a minimum of two (2) years of continued service with Superior Ambulance Services;
- Be an employee in good standing;
- Posses a current EMT license at the appropriate level; and
- Have been practicing at the current EMT license level for a minimum of two (2) years.

Upon qualification an individual may submit a letter of intent to the Quality Assurance /Training Manager for consideration. The quality Assurance/Training Manager will meet with the Field Operations Manager(s) and the Director of Operations to perform a review of the candidate. An audit of the candidate's personnel and QA files will be completed. Upon completion of review, the candidate may be scheduled for an interview with the QA/Training Manager, Field Operations Manager(s) and the Director of Operations.

The review panel will render a final decision and the candidate will be notified of the approval or denial. A brief summary will be provided to the candidate in regards to the decision in order to allow the candidate to learn from the process. Appointments to the committee will be based on a fiscal year and begin July 1 of every year.

The QA/Training Manager reserves the right, within sound judgment, to replace or appoint any committee member to benefit the production, future goals and missions of the Quality Assurance program. It is also the responsibility of the QA/Training Manager to consider and accept the sound judgments or recommendations of the committee to benefit the production, future goals and missions of the Quality Assurance Program.

PROCEDURE

Each member of the Quality Assurance Committee will be expected to review at minimum five (5) reports weekly. This may be accomplished by reviewing one report daily or five reports at the end of the week. Once the review is completed they will be submitted for committee review at the monthly meeting for further input and or recommendations by the entire committee.

MEETINGS

All meetings will be held on a monthly basis unless conflicting events exist at which time an alternate date will be scheduled. To ensure consistency an alternate day of schedule for the meeting shall not exceed 5 business days from the original set day. Future meeting times will be set at the meeting held the month prior. Meetings will be schedule with consideration given to other events and functions. An effort will be made to limit the impact these meetings will have on staffing and all coordination will involve the operations manager(s).

All meetings will be agenda driven and open for non-committee members to attend with the exception of closed sessions which will be utilized to discuss issues of confidential matters. All closed sessions will involve the

committee and any guest directly involved affected by the closed session issue. A strict adherence to policy with respect to confidentiality will be maintained in these meetings.

OPEN MEETINGS

The committee will meet for the purpose of evaluating the current and ongoing needs of Superior Ambulance Service and its employees, with an open forum approach. This will include, but not be limited to; recommendations regarding training, equipment needs and related topics that are vital to the continuity of patient care. This meeting will be open to outside personnel and attendance will be encouraged to help the committee maintain a more global perspective.

CLOSED MEETINGS

Closed meetings will be utilized for discussion of confidential topics pertaining to run reports, issues stemming from services provided and resolution of issues. The only exception will be when a particular call whether good or bad, will lend to a training issue in which the entire organization will benefit. Case reviews may be scheduled with the medical director for CE credits throughout the year, and mandatory attendance may be required.

REVIEW PROCESS

A process will be implemented by which the QA committee members will monitor report writing on a weekly basis for monthly QA committee reporting. The members will be charged with the responsibility of reviewing patient care reports, filling out the QA checklist and providing recommendations for resolution of issues, as well as to provide feedback for each employee that is audited.

Patient Care Reports will be audited based on the following:

- 100% of New hire trainees while undergoing preceptorship
- 100% of Cardiac arrests
- 100% of Level I Medical and Trauma
- 100% of all refusals
- 100% of Special consideration patients
 - Pediatric Patients
 - Suspected murder / suicide
 - Suspected Sexual assault
 - Suspected child / elder abuse
- 100% of all Approved Special Skill Transports
- 50% of all other Medical and Trauma calls
- 50 % of cancellations
- 100% of Critical Care procedures and medication administration (Special Skill Approvals)

All reports generated by field staff shall be evaluated for the following:

- Accuracy and clarity of their documentation
- Content of documentation
- Potential areas where training may be needed or improved
- Equipment failures / data collection
- Protocol diversion
- Skills proficiency
- Calls of particular interest to the entire system for training

The committee may request the presence of the individual(s) involved in the call if clarification is needed, random skills audit is required or discussion with the medical director is deemed necessary. The committee will make recommendations to Director of Operations and or the Chief Executive Officer to correct deficiencies in individual and/or system performance as identified in the QA review process.

QUALITY ASSURANCE REVIEW CHECKLIST

The review checklist is designed to maintain a consistent review process identifying major areas that are essential in identifying accurate report writing, proper patient care, and protocol/policy adherence and mandated billing requirements. It is very important to maintain an objective point of view and approach the review process with an open mind and prevent the reviewer from taking the approach of "this is what I would have done" and preventing the reviewer from focusing on the major areas.

SEE ATTACHED APPENDIX FOR QA REVIEW CHECKLIST & DETAILS

REMEDIATION

Our goal is Excellent Quality Patient Care, and in order to achieve this goal it is necessary to maintain a high standard and keeping focus on Superior Ambulance Service objectives and priorities. The community deserves the best and through continual review and education we can achieve this. It is our responsibility to mentor those with deficiencies and provide positive feedback to create a safe learning environment for all. When simple positive mentorship is not enough a progressive remediation process will take place in the following manner:

- Education and or counseling with field training officers
- Education and or counseling with the Field Operations Managers
- Education, Counseling or training with members of the Quality Assurance Committee
- Education and or counseling with the Quality Assurance / Training Manager at which time disciplinary actions may be enforced based on the severity of the issues unresolved
- Education and or counseling with the Medical Director at which time disciplinary actions may be enforced based on the severity of the issues unresolved
- Counseling and or suspension / termination by the Director of Operations based on the severity of the issues unresolved

REPORTING

The committee will generate minutes on a monthly basis for the Director of Operations and the Chief Executive Director of all scheduled meetings. These minutes will be compiled into a quarterly report, which will be emphasize any trends, good or bad, and measures Superior Ambulance Services, Inc. can take to correct or improve as a whole.

QUALITY ASSURANCE / IMPROVEMENT DISCIPLINE PROCESS

The purpose of this policy is to ensure that a consistent process of Quality Assurance/Improvement practices for disciplinary issues is in place.

Definitions:

1. High Level QA Violation:

- a. Protocol violation in which death or injury of a patient occurs.
- b. Driving violation in which an EVO response to/with a patient, crewmember, medical staff or bystander was endangered; death or injury occurred.
- c. Any situation that negligence occurs when the patient, other medical staff, crewmembers, bystanders was endangered; death or injury occurred.
- d. A situation in which a Supervisor/employee fails to report any incident that severely compromises the care of the patient and/or employees due to an accident or exposure (OSHA violation).
- e. This may be a moderate level incident, but with a repeated violation.

Procedure:

- a. A Field Incident Form must be completed by the attending Supervisor and forwarded to the Quality Assurance/Training Manager Immediately.
- b. The individual in violation will be placed on immediate administration leave with pay until an investigation is completed
- c. A full investigation completed by the Quality Assurance/Training Manager and reviewed by the Director of Operations, Chief Executive Officer and the Medical Director in writing.
- d. Termination of the employee will occur after the full investigation is completed and found that gross negligence was the fault of the EMT. However, if the EMT was found negatively responsible for the occurrence and disciplinary action is warranted, suspension but no less than a written reprimand may be issued or after review and consultation of the executive managers to include medical direction, other disciplinary actions may be imposed and handled on a case by case basis.
- e. This incident may be reported to the Injury Prevention and EMS Bureau for investigation and reporting to the NM EMS Licensing Commission.

2. Moderate Level QA Violation:

- a. Policy procedure violation in which possibility of death or injury of a patient may occur due to improper equipment checks, lack of inventory accountability of supplies, etc.
- b. Driving violation in which an EVO response to/with a patient violated driving safety guidelines.
- c. Any situation where negligence occurs when the patient, other medical staff, crewmembers, or bystanders were endangered.
- d. A situation in which a supervisor/employee fails to report any incident that compromises the care of the patient and/or employee due to an accident or exposure (OSHA violation).
- e. When protocols are not followed due to an improper patient assessment.
- f. This may be a low level incident, but with a repeated violation.

Procedure:

- a. A Field Incident Form must be completed and/or employee counseled and informed of the violation in writing.
- b. A full investigation completed by the Quality Assurance/Training Manager and reviewed by the Medical Director(s). After review, the Medical Director(s) shall forward what action(s) are to be taken to the QA/Training Manager for consult with the Director of Operations
- c. Disciplinary action to include suspension or up to termination of the employee will occur after the full investigation is completed and found that gross negligence was the fault of the EMT. However, if the EMT was found negatively responsible for the occurrence and disciplinary action is warranted, up to termination but no less than a written reprimand may be issued or after review and consultation of the executive managers to include medical direction, other disciplinary actions may be imposed and handled on a case by case basis
- d. Remedial training of the employee shall take place after the investigation is completed and there were findings of negligence on the part of the EMT. Furthermore, ongoing field evaluations and continued remedial training shall take place until such time the QA/Training Manager, along with the Director of Operations and the Medical Director(s); feel that the employee is cleared to function at his/her level of EMT.
- e. When a situation occurs at this level with an outside medical staff member, fire dept., hospital, or flight crewmember, it will be forwarded to the QA/Training Manager, who will, in turn, forward it to the Director of Operations and the Medical Director(s) for

review. The SAS Medical Director(s) may contact the outside agency Medical Director for further consultation.

- f. This incident may be reported to the Injury Prevention and EMS Bureau for investigation and reporting to the NM EMS Licensing Commission.

3. Low Level QA Violation:

- a. Policy procedure violation that occurred due to the lack of equipment checks or the lack of inventory accountability of supplies.
- b. Driving violation(s) by an SAS EVO, which violated any driving safety guidelines.
- c. Any situation where negligence occurs with the patient by other medical staff, crewmembers or bystanders.
- d. A situation in which a supervisor/employee fails to report any incident due to an accident or safety issue.
- e. When protocols and or policies are not followed.

Procedure:

- a. A Field Incident Form must be completed and/or employee counseled and verbally informed of the possible violation.
- b. This level must have a full investigation completed by a Field Supervisor and reviewed by the QA/Training Manager. The QA/Training Manager may choose to forward the completed investigation to the Medical Director(s) for further review and direction.
- c. Disciplinary action and remedial training of the employee shall take place after the investigation is completed and there were findings of gross negligence on the part of the EMT. However, if the EMT was found negatively responsible for the occurrence and disciplinary action is warranted, review and consultation of the QA/Training Manager, Director of Operations and Field Operations Managers will determine level of disciplinary actions needed.
- d. Ongoing field evaluations and continued remedial training shall take place until such time the QA/Training Manager, along with the Medical Director(s), feel that the employee is cleared to function at his/her level of EMT.
- e. When a situation occurs at this level with an outside medical staff member, fire dept., hospital, or flight crewmember, it will be forwarded to the QA/Training Manager who will, in turn, forward it to the Medical Director(s) for review.
- f. The SAS Medical Director(s) may contact the outside agency Medical Director for further consultation.
- g. This incident may be reported to the Injury Prevention and EMS Bureau for investigation and reporting to the NM EMS Licensing Commission.

CONTINUED QA VIOLATION OCCURANCES

Upon investigation by the QA/Training Manager and/ or his designee it is found that there is a continued pattern of QA violation occurrences disciplinary action to include suspension or up to termination of the employee may occur dependent upon the results of the investigation and circumstances surrounding the repeated violation.

QA Checklist Definitions

The checklist is designed to identify critical areas of review. Simply checking yes or no will identify if the objective was completed or not and prevent the reviewer from subjectively reviewing the report from their own way of doing things and keeping the review objective.

Section I: Documentation

Patient Demographics: Name, DOB, SSN, Address, etc. All requirements needed for billing (standard demographic requirements).

Information Complete: If information is not complete, what is missing? This will allow for tracking of continuous areas missed and target those specifics.

Time Sequence: Are all times true and in consistent order. This would allow for tracking of delayed assessments, treatments, transports, pick ups, etc.

Section II: Medical Care

The following are self explanatory:

- Chief Complaint /Reason for transport
- Patient History
- Medications Identified
- Allergies Identified

System Specific Assessment Identified: If a patient is being transported due to shortness of breath, is the EMT assessing all aspects of respiratory, i.e., lung sounds, chest palpation, SpO2. This would also tie into assessing other related systems, cardiac, LOC, BGL, etc. If the patient has a possible fractured foot is ROM, Capillary refill, etc. being assessed.

Diagnostic Testing Completed: Is the EMT taking vital signs and how often? Are they utilizing EKG monitoring when necessary, Pulse OX, Temperature, BGL (especially with altered mental status patients), ETCO2 monitoring, etc.

Appropriate Treatment: This area ties into Section III. Treatment might have been appropriate but might have deviated from scope of practice and/or protocol. *Example, a patient requires EPI for cardiac arrest and an EMT-Intermediate delivers EPI: 1:10,000 via the ET tube due to the EPI 1:1,000 not being readily available. EPI 1:10,000 is an acceptable treatment for cardiac arrest, however, based on scope of practice or protocol, it is not recommended or not allowed. Treatment was appropriate but violated scope or protocol. The violation can be addressed in Section III.*

Section III: Compliance with Rules and Regulations

Protocol Compliant: Self explanatory

Scope of Practice Compliant: Self Explanatory

Section IV: Reviewer Comments / Recommendations: The reviewer would notate as such for the report writer to have a clear picture of what was not done correctly, provide positive feedback on how to improve a particular area of concern and/or simply provide constructive suggestions, while allowing the report writer to see what was done correctly, and where the focus needs to be directed for process improvement.

Section IV: Skills

All skills performed by the report writer. This information will be utilized for statistical reporting of frequent / infrequent skill usage. This will also allow for training curriculum development for infrequent skill usage.

Section V: Reviewer Comments / Recommendations

Proactive comments, include the reasoning behind the submission of Patient Care Reports (PCR's) to the QA/ Training Manager and agencies Medical Director, for further review.

Quality Improvement Plan

No further action required: Everything is complete and within required guidelines.

Review the following protocol or SOG: The entire review was good and within requirements, however, there were very minor discrepancies such as; times were off, a second set of vitals were not taken, a drug was administered and the effects were not sufficiently documented or the undesired effect of a drug was not documented as per pharmacy requirements.

Refer to QA/Training Manager: This would be a red flag issue, improper treatment, major documentation deficits, complaints, injury to patient, or if the reviewer feels that this particular call should have been elevated to the next care provider (basic to intermediate or paramedic) and obvious errors at which time medical control consultation would be initiated if required.

Other: The report writer uses medical terminology not acceptable, the reviewer might recommend the report writer review his/her medical terminology book, if there are numerous misspellings recommend the report writer review a dictionary or improve penmanship.

The checklist is filled out by the reviewer and once completed, attached to the report and given to the report writer for review. The report writer will only review his/her QA evaluation on site and complete the report writer comment sheet and place in the QA/Training Manager's box prior to leaving the facility.

The QA documents will be kept on file for tracking trends in continued violations, aid in revamping current policies and protocols where needed and provide information for training curriculum development or improvement.

Section VI: Report Writer Comments

This allows the writer to comment on his/her review and also provide positive feedback on the review process or further explain areas unclear to the reviewer that could support the treatment and or documentation.

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SIGNATURE SECTION

This plan has been reviewed and approved by members of management to include the Medical Director(s).

This policy will take effect beginning September 1, 2009, and be continuously reviewed for necessary changes and updates.

Date of Most Recent Effective Update: July 01, 2016. Revision Number: 5

Chris L. Archuleta, CEO

Date

Manual Archuleta, Director of Operations

Date

Scott Wilson, NREMT-P, QA/Training & Education

Date

Walter Simmons, M.D., Medical Director

Date

Most Recent Update and Revision #:

September 01, 2009, Revision #: Initial (1)

January 27, 2011, Revision #: 2

November 30, 2014, Revision #: 3

July 01, 2016, Revision #: 5

NEW
ITEMS
10 k.



CIBOLA COUNTY
PROFESSIONAL SERVICES CONTRACT
#2018- 003

THIS AGREEMENT is made and entered into by and between the Board of County Commissioners of **Cibola County** hereinafter referred to as the "COUNTY" and **Superior Ambulance Service, Inc.** hereinafter referred to as the "CONTRACTOR", and is effective as of the date set forth below upon which it is executed upon signatures of both entities. This Agreement has been procured as an Informal Purchase pursuant to Section 2.6.2 of the Cibola County Purchasing Regulations, consistent with the State Procurement Code.

IT IS AGREED BETWEEN THE PARTIES:

1. Scope of Work

The Contractor shall perform the following work:

- A. Obtain a Certificate issued by the New Mexico Public Regulations Commission authorizing service to transport sick or injured persons for Cibola County.
- B. Promptly respond to all calls for ambulance services to transport sick or injured persons to and from places within Cibola County.
- C. Provide medical treatment to the sick or injured persons it transports
- D. Fully comply with all County, State, and Federal regulations and keep records of such available for the County to review.
- E. Maintain a headquarters within the County and have available sufficient equipment.
- F. Supply an adequate number of properly qualified staff at all times
- G. Work with EMS operations and hospitals providing services in the County.
- H. Make every effort to recruit and educate persons from the County to become employees
- I. Provide full disclosures of receivables, expenditures and financial records that support the justification of the subsidy.
- J. Provide adequate communications equipment and work with the Dispatch Center to enhance and improve emergency communications.

2. Compensation

- a. The total amount payable to the Contractor under this Agreement, including gross receipts tax and expenses, shall not exceed \$9,999.00 per month for a maximum of six months.
- b. The County shall pay to the Contractor in full payment for services satisfactorily performed based upon deliverables, milestones, and performance measures as delineated, such compensation not to exceed \$10,000 per month or \$59,999 total (as set forth in Paragraph A) inclusive of gross receipts tax. Payment is subject to availability of funds pursuant to the Appropriations Paragraph set forth below. All invoices MUST BE received by the County no later than seven (7) days after the preceding month in which services were performed with the final invoice due no later than seven (7) days after the termination of the Fiscal Year in which the services were delivered. Invoices received after such date WILL NOT BE PAID.
- c. Contractor must submit a detailed statement accounting for all services performed and expenses incurred with each invoice. If the County finds that the services are not acceptable, within thirty days after the date of receipt of written notice from the Contractor that payment is requested, it shall provide the Contractor a letter of exception explaining the defect or objection to the services, and outlining steps the Contractor may take to provide remedial action. Upon certification by the County that the services have been received and accepted, payment shall be tendered to the Contractor within thirty days after the date of acceptance. If payment is made by mail, the payment shall be deemed tendered on the date it is postmarked. However, the County shall not incur late charges, interest, or penalties for failure to make payment within the time specified herein.
- d. The payment of taxes due for any money received under this Agreement shall be the Contractor's sole responsibility and shall be reported under the Contractor's Federal and State tax identification number(s).

3. Term.

This Agreement shall terminate six months following final execution, or upon payment of \$59,000 unless terminated pursuant to paragraph 4 (Termination), or paragraph 5 (Appropriations). In accordance with Section 13-1-150 NMSA 1978, no contract term for a professional services contract, including extensions and renewals, shall exceed four years, except as set forth in Section 13-1-150 NMSA 1978.

4. Termination.

- a. Termination. This Agreement may be terminated by either of the parties hereto upon written notice delivered to the other party at least ten (10) days prior to the intended date of termination. Except as otherwise allowed or provided under this Agreement, the County's sole liability upon such termination shall be to pay for acceptable work performed prior to the

Contractor's receipt of the notice of termination, if the County is the terminating party, or the Contractor's sending of the notice of termination, if the Contractor is the terminating party; provided, however, that a notice of termination shall not nullify or otherwise affect either party's liability for pre-termination defaults under or breaches of this Agreement. The Contractor shall submit an invoice for such work within thirty (30) days of receiving or sending the notice of termination. Notwithstanding the foregoing, this Agreement may be terminated immediately upon written notice to the Contractor if the Contractor becomes unable to perform the services contracted for, as determined by the County or if, during the term of this Agreement, the Contractor or any of its officers, employees or agents is indicted for fraud, embezzlement or other crime due to misuse of government funds or due to the Appropriations paragraph herein. THIS PROVISION IS NOT EXCLUSIVE AND DOES NOT WAIVE THE COUNTY'S OTHER LEGAL RIGHTS AND REMEDIES CAUSED BY THE CONTRACTOR'S DEFAULT/BREACH OF THIS AGREEMENT.

- b. Termination Management. Immediately upon receipt by either the County or the Contractor of notice of termination of this Agreement, the Contractor shall: 1) not incur any further obligations for salaries, services or any other expenditure of funds under this Agreement without written approval of the County; 2) comply with all directives issued by the County in the notice of termination as to the performance of work under this Agreement; and 3) take such action as the County shall direct for the protection, preservation, retention or transfer of all property titled to the County and records generated under this Agreement. Any non-expendable personal property or equipment provided to or purchased by the Contractor with contract funds shall become property of the County upon termination and shall be submitted to the County as soon as practicable.

5. Appropriations.

The terms of this Agreement are contingent upon sufficient appropriations and authorization being made by the Board of County Commissioners for the performance of this Agreement. If sufficient appropriations and authorization are not made by the Board of County Commissioners, this Agreement shall terminate immediately upon written notice being given by the County to the Contractor. The County's decision as to whether sufficient appropriations are available shall be accepted by the Contractor and shall be final. If the County proposes an amendment to the Agreement to unilaterally reduce funding, the Contractor shall have the option to terminate the Agreement or to agree to the reduced funding, within thirty (30) days of receipt of the proposed amendment.

6. Status of Contractor.

The Contractor and its agents and employees are independent contractors performing professional services for the County and are not employees of the County of Cibola. The Contractor and its agents and employees shall not

accrue leave, retirement, insurance, bonding, use of county vehicles, or any other benefits afforded to employees of the County of Cibola as a result of this Agreement. The Contractor acknowledges that all sums received hereunder are reportable by the Contractor for tax purposes, including without limitation, self-employment and business income tax. The Contractor agrees not to purport to bind the County of Cibola unless the Contractor has express written authority to do so, and then only within the strict limits of that authority.

7. Assignment.

The Contractor shall not assign or transfer any interest in this Agreement or assign any claims for money due or to become due under this Agreement without the prior written approval of the County.

8. Subcontracting.

The Contractor shall not subcontract any portion of the services to be performed under this Agreement without the prior written approval of the County. No such subcontract shall relieve the primary Contractor from its obligations and liabilities under this Agreement, nor shall any subcontract obligate direct payment from the County. In all cases, the contractor is solely responsible for fulfillment of this Agreement.

9. Release.

Final payment of the amounts due under this Agreement shall operate as a release of the procuring agency of the County, its officers and employees, and the County of Cibola from all liabilities, claims and obligations whatsoever arising from or under this Agreement.

10. Confidentiality.

Any confidential information provided to or developed by the Contractor in the performance of this Agreement shall be kept confidential and shall not be made available to any individual or organization by the Contractor without the prior written approval of the County.

11. Product of Service -- Copyright.

All materials developed or acquired by the Contractor under this Agreement shall become the property of the County of Cibola and shall be delivered to the County no later than the termination date of this Agreement. Nothing developed or produced, in whole or in part, by the Contractor under this Agreement shall be the subject of an application for copyright or other claim of ownership by or on behalf of the Contractor.

12. Conflict of Interest; Governmental Conduct Act

- a. The Contractor represents and warrants that it presently has no interest and, during the term of this Agreement, shall not acquire any interest, direct or indirect, which would conflict in any manner or degree with the performance or services required under the Agreement.
- b. The Contractor further represents and warrants that it has complied with, and, during the term of this Agreement, will continue to comply with, and that this Agreement complies with all applicable provisions of the Governmental Conduct Act, Chapter 10, Article 16 NMSA 1978. Without in anyway limiting the generality of the foregoing, the Contractor specifically represents and warrants that:
 - i. in accordance with Section 10-16-4.3 NMSA 1978, the Contractor does not employ, has not employed, and will not employ during the term of this Agreement any County employee while such employee was or is employed by the County and participating directly or indirectly in the County's contracting process;
 - ii. this Agreement complies with Section 10-16-7(B) NMSA 1978 because (i) the Contractor is not a public officer or employee of the County; (ii) the Contractor is not a member of the family of a public officer or employee of the County; (iii) the Contractor is not a business in which a public officer or employee or the family of a public officer or employee has a substantial interest; or (iv) if the Contractor is a public officer or employee of the County, a member of the family of a public officer or employee of the County, or a business in which a public officer or employee of the County or the family of a public officer or employee of the County has a substantial interest, public notice was given as required by Section 10-16-7(B) NMSA 1978 and this Agreement was awarded pursuant to a competitive process;
 - iii. in accordance with Section 10-16-8(C) NMSA 1978, (i) the Contractor is not, and has not been represented by, a person who has been a public officer or employee of the County within the preceding year and whose official act directly resulted in this Agreement and (ii) the Contractor is not, and has not been assisted in any way regarding this transaction by, a former public officer or employee of the County whose official act, while in County employment, directly resulted in the County's making this Agreement;
 - iv. in accordance with Section 10-16-13 NMSA 1978, the Contractor has not directly participated in the preparation of specifications, qualifications or evaluation criteria for this Agreement or any procurement related to this Agreement; and
 - v. in accordance with Section 10-16-3 and Section 10-16-13.3 NMSA 1978, the Contractor has not contributed, and during the term of this Agreement shall not contribute, anything of value to a public officer or employee of the County.
- c. Contractor's representations and warranties in Paragraphs A and B of this Article 12 are material representations of fact upon which the County relied when this Agreement was entered into by the parties. Contractor shall provide immediate written notice to the County if, at any time during the

term of this Agreement, Contractor learns that Contractor's representations and warranties in Paragraphs A and B of this Article 12 were erroneous on the effective date of this Agreement or have become erroneous by reason of new or changed circumstances. If it is later determined that Contractor's representations and warranties in Paragraphs A and B of this Article VII were erroneous on the effective date of this Agreement or have become erroneous by reason of new or changed circumstances, in addition to other remedies available to the County and notwithstanding anything in the Agreement to the contrary, the County may immediately terminate the Agreement.

- d. All terms defined in the Governmental Conduct Act have the same meaning in this Article 12(B).

13. Amendment.

This Agreement shall not be altered, changed or amended except by instrument in writing executed by the parties hereto and all other required signatories.

14. Merger.

This Agreement incorporates all the Agreements, covenants and understandings between the parties hereto concerning the subject matter hereof, and all such covenants, Agreements and understandings have been merged into this written Agreement. No prior Agreement or understanding, oral or otherwise, of the parties or their agents shall be valid or enforceable unless embodied in this Agreement.

15. Penalties for violation of law.

The Procurement Code, Sections 13-1-28 through 13-1-199, NMSA 1978, imposes civil and criminal penalties for its violation. In addition, the New Mexico criminal statutes impose felony penalties for illegal bribes, gratuities and kickbacks.

16. Equal Opportunity Compliance.

The Contractor agrees to abide by all federal, state and county laws and rules and regulations, pertaining to equal employment opportunity. In accordance with all such laws, the Contractor assures that no person in the United States shall, on the grounds of race, religion, color, national origin, ancestry, sex, age, physical or mental handicap, or serious medical condition, spousal affiliation, sexual orientation or gender identity, be excluded from employment with or participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity performed under this Agreement. If Contractor is found not to be in compliance with these requirements during the life of this Agreement, Contractor agrees to take appropriate steps to correct these deficiencies.

17. Applicable Law.

In any action, suit or legal dispute arising from this Agreement, the Contractor agrees that the laws of the State of New Mexico shall govern and that venue will lie in the Thirteenth Judicial District Court in Cibola County. By execution of this Agreement, Contractor acknowledges and agrees to the jurisdiction of the courts of the State of New Mexico over any and all lawsuits arising under or out of any term of this Agreement.

18. Workers Compensation.

The Contractor agrees to comply with state laws and rules applicable to workers compensation benefits for its employees. If the Contractor fails to comply with the Workers Compensation Act and applicable rules when required to do so, this Agreement may be terminated by the County.

19. Records and Financial Audit.

The Contractor shall maintain detailed time and expenditure records that indicate the date; time, nature and cost of services rendered during the Agreement's term and effect and retain them for a period of three (3) years from the date of final payment under this Agreement. The records shall be subject to inspection by the County, the Department of Finance and Administration and the State Auditor. The County shall have the right to audit billings both before and after payment. Payment under this Agreement shall not foreclose the right of the County to recover excessive or illegal payments.

20. Disclaimer and Hold Harmless.

Cibola County shall not be liable to the Contractor, or the Contractor's successors, heirs, administrators, or assigns, for any loss, damage, or injury, whether to Contractor's person or property, occurring in connection with Contractor's performance of Contractor's duties according to this Agreement. Contractor shall hold the Cibola County harmless from all loss, damage, and injury, including court costs and attorney fees, incurred by Cibola County in connection with the performance by Contractor of Contractor's duties according to this Agreement.

21. Indemnification.

The Contractor shall defend, indemnify and hold harmless the County of Cibola from all actions, proceeding, claims, demands, costs, damages, attorneys' fees and all other liabilities and expenses of any kind from any source which may arise out of the performance of this Agreement, caused by the negligent act or failure to act of the Contractor, its officers, employees, servants, subcontractors or agents, or if caused by the actions of any client of the Contractor resulting in injury or damage to persons or property during

the time when the Contractor or any officer, agent, employee, servant or subcontractor thereof has or is performing services pursuant to this Agreement. In the event that any action, suit or proceeding related to the services performed by the Contractor or any officer, agent, employee, servant or subcontractor under this Agreement is brought against the Contractor, the Contractor shall, as soon as practicable but no later than two (2) days after it receives notice thereof, notify the legal counsel of the County of Cibola and the New Mexico Association of Counties by certified mail.

22. Invalid Term or Condition.

If any term or condition of this Agreement shall be held invalid or unenforceable, the remainder of this Agreement shall not be affected and shall be valid and enforceable.

23. Enforcement of Agreement.

A party's failure to require strict performance of any provision of this Agreement shall not waive or diminish that party's right thereafter to demand strict compliance with that or any other provision. No waiver by a party of any of its rights under this Agreement shall be effective unless express and in writing, and no effective waiver by a party of any of its rights shall be effective to waive any other rights.

24. Authority.

If Contractor is other than a natural person, the individual(s) signing this Agreement on behalf of Contractor represents and warrants that he or she has the power and authority to bind Contractor, and that no further action, resolution, or approval from Contractor is necessary to enter into a binding contract.

25. Lobbying.

No federal appropriated funds can be paid or will be paid, by or on behalf of the CONTRACTOR, or any person for influencing or attempting to influence an officer or employee of any County, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, or the making of any Federal grant, the making of any federal loan, the entering into of any cooperative agreement, or modification of any Federal contract, grant, loan, or cooperative agreement. If any funds other than federal appropriated funds have been paid or will be paid to any person influencing or attempting to influence an officer or employee of any County, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection of this federal contract, grant, loan, or cooperative agreement, the CONTRACTOR shall complete and submit Standard Form LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.

26. Approval of Contractor Personnel.

Personnel proposed in the Contractor's written proposal to the County are considered material to any work performed under this Agreement. No changes of personnel will be made by the Contractor without prior written consent of the procuring agency of the County. Replacement of any Contractor personnel, if approved, shall be with personnel of equal ability, experience and qualifications. The Contractor will be responsible for any expenses incurred in familiarizing the replacement personnel to insure their being productive to the project immediately upon receiving assignments. Approval of replacement personnel shall not be unreasonably withheld. The procuring agency of the County shall retain the right to request the removal of any of the Contractor's personnel at any time.

27. Survival.

The agreement paragraphs titled "Patent, Copyright, Trademark, and Trade Secret Indemnification" and "Indemnification" shall survive the expiration of this agreement. Software licenses, leases, maintenance and any other unexpired agreements that were entered into under the terms and conditions of this agreement shall survive this agreement

28. Succession.

This agreement shall extend to and be binding upon the successors and assigns of the parties.

29. Force Majeure.

A party shall be excused from performance under this agreement for any period that the party is prevented from performing as a result of an act of God, strike, war, civil disturbance, epidemic, or court order, provided that the party has prudently and promptly acted to take any and all steps that are within the party's control to ensure performance. Subject to this provision, such non-performance shall not be deemed a default or a ground for termination.

30. Mediation.

In the event a dispute arises as to the rights and obligations among the parties hereto, the parties agree to attempt to resolve the dispute through mediation as a condition precedent to seeking legal and equitable remedies. The parties agree to evenly split the costs of any such mediation services. The parties shall mutually agree upon the choice of mediator. In the event the parties have not agreed upon a mediator within twenty (20) days of written notice to the other regarding the dispute, then a list of seven potential mediators will be obtained from the New Mexico Association of Counties and the parties shall utilize a striking process until a mediator is agreed upon. (recognizing that each side bears its own deposition, witness, expert and attorneys' fees and other expenses to the same

extent as if the matter were being heard in court). Nothing in this paragraph shall affect either party's ability to seek from a court injunctive or equitable relief at any time to the extent same is not precluded by another provision of this Agreement.

31. Notice to Proceed.

- a. It is expressly understood that this Agreement is not binding upon the County until it is executed by the Authorized Signatory. Further, the Contractor is not to proceed with its obligations under the Agreement until the Contractor has received a fully signed copy of the Agreement.

32. Attorney's Fees.

- a. In the event this Agreement results in dispute, mediation, litigation, or settlement between the parties to this Agreement, the prevailing party of such action shall NOT be entitled to an award of attorneys' fees and court costs.

33. Cooperation.

- a. All parties hereto will fully cooperate with the other and their respective counsel, accountant, and agents in connection with any steps required to be taken under this Agreement.

34. Order of Precedence.

- a. In the event of any conflict among contract documents, the following order of precedence shall apply:
 - 1. Any contract amendment(s), in reverse chronological order; then
 - 2. this contract itself.

35. Patent, Copyright, Trademark and Trade Secret Indemnification.

- a. The contractor shall defend, at its own expense, the County of Cibola against any claim that any product or service provided under this agreement infringes any patent, copyright or trademark in the United States or Puerto Rico, and shall pay all costs, damages and attorneys' fees that a court finally awards as a result of any such claim. In addition, if any third party obtains a judgment against the County of Cibola based upon the contractor's trade secret infringement relating to any product or service provided under this agreement, the contractor agrees to reimburse the County of Cibola for all costs, attorneys' fees and the amount of the judgment. To qualify for such defense and/or payment, the County of Cibola shall:
 - i. give the contractor prompt written notice of any claim;

- ii. allow the contractor to control the defense or settlement of the claim;
and
 - iii. cooperate with the contractor in a reasonable way to facilitate the defense or settlement of the claim.
- b. If any product or service becomes, or in the contractor's opinion is likely to become the subject of a claim of infringement, the contractor shall at its option and expense:
 - i. provide a procuring agency of the County the right to continue using the product or service;
 - ii. replace or modify the product or service so that it becomes non-infringing; or
 - iii. accept the return of the product or service and refund an amount equal to the depreciated value of the returned product or service, less the unpaid portion of the purchase price and any other amounts which are due to the contractor. The contractor's obligation will be void as to any product or service modified by the procuring agency of the County to the extent such modification is the cause of the claim.

36. Notices.

- a. Any notice required to be given to either party by this Agreement shall be in writing and shall be delivered in person, by courier service or by U.S. mail, either first class or certified, return receipt requested, postage prepaid, as follows:

To the County: Kate Fletcher, County Manager
700 East Roosevelt, Suite 50
Grants, NM 87020

To the Contractor: Authorized Signatory: _____
Superior Ambulance Services, Inc.
PO Box 6482
Albuquerque, NM 87197

37. Certification Regarding Debarment

Contractor, by signing this Agreement, provides certification to the County the Contractor is not debarred, suspended, or proposed for debarment by any Federal or New Mexico State Department or agency.

IN WITNESS WHEREOF, the parties have executed this Agreement as of the date of signature by the Board of County Commissioners or County Manager below.

By: _____ Date: _____
Contractor

Printed Name: _____

Address: _____

APPROVED and ADOPTED on this 28th day of June, 2018.

BOARD OF COUNTY COMMISSIONERS

Robert Armijo, Chairman

Daniel Torrez, 1st Vice Chairman

Jack Moleres, 2nd Vice Chairman

Robert Windhorst, Member

Martha Garcia, Member

ATTEST:

Michelle E. Dominguez
County Clerk

NEW
ITEMS
10 l.



COOPERATIVE PURCHASING AGREEMENT BETWEEN CIBOLA COUNTY AND THE VILLAGE OF MILAN

This Cooperative Purchasing Agreement ("Agreement") is between the County of Cibola, a New Mexico local public body, and the Village of Milan, a New Mexico local public body. In accordance with NMSA 1978, Section 13-1-135(A) (1999), Cibola County is authorized to enter into a governmental cooperative purchasing agreement with the Village of Milan. Pursuant to NMSA 1978, Section 13-1-135(A) (1999) the Village of Milan may enter into a cooperative purchasing agreement with the County of Cibola, provided the governing body of each entity approves this agreement.

1. Cibola County and the Village of Milan enter into this cooperative governmental purchasing agreement in order to procure an ambulance service to transport sick and injured persons within both jurisdictions. It is in the best interest of both entities to cooperatively procure the service so that both will obtain the best service and rates, particularly because Milan is a smaller entity.
2. Cibola County will sponsor this project by issuing the Invitation for Bid or Request for Proposals as the parties may agree, and otherwise conduct the procurement process. Each entity will appoint person(s) to evaluate the final Bids or Proposals and the successful service provider will enter into one contract with both entities who will be responsible for their portion of the cost based on criteria to be determined.
3. This Agreement may be terminated for any reason by either entity by providing written notice of termination, prior to the entities being legally bound to a service provider, at the addresses provided below.
4. Any notice required to be given to either party by this Agreement must be delivered by deposit in the U.S. Mail, certified, return receipt requested to the following address:

To Cibola County: Kate Fletcher, County Manager, 700 E. Roosevelt Ave.
Grants, NM 87020.

To Village of Milan: Paul Pena, Village Manager, 623 Uranium Ave., Milan, NM
87021.

5. If a term or provision of this Agreement is determined void or unenforceable by a court of competent jurisdiction, the remainder of the Agreement remains effective to the extent permitted by law.

6. Nothing in this Agreement shall be deemed to waive, modify, or amend any legal defense available at law or equity to either of the entities including the availability of the defense of sovereign immunity, nor to create any legal rights or claims on behalf of a third party.

7. This Agreement may not be amended unless the entities execute a written amendment.

8. An approved and signed copy of this Agreement shall be filed with the New Mexico State Purchasing Agent and such other entity as may be required by the participating entity.

PASSED, APPROVED, AND ADOPTED THIS 28th DAY OF JUNE, 2018.

BOARD OF COMMISSIONERS OF CIBOLA COUNTY

Robert Armijo, Chairman

Daniel Torrez, 1st Vice Chairman

Jack Moleres, 2nd Vice Chairman

Robert Windhorst, Member

Martha Garcia, Member

ATTEST:

Michelle Dominguez
County Clerk

**VILLAGE OF MILAN
PARTICIPATING ENTITY**

Title

Attest:

Title